

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6374**
Registrar's No. **1079**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5836 W Florrisant		d. STREET ADDRESS (If rural, give location) 5836 W Florrisant	
3. NAME OF DECEASED (Type or Print) a. (First) Katarina		b. (Middle)	c. (Last) Juriscic
4. DATE OF DEATH (Month) (Day) (Year) 1 31 50		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8-30-1887		9. AGE (In years last birthday) 62 Months 5 Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ewk		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Jugoslavia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Mathew Pavlich		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Martin Juriscic
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Martin Juriscic ADDRESS 5836 W Florrisant
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia-acute DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4444	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan 1946 , to Jan 31, 1950 , that I last saw the deceased alive on Jan 31, 1950 , and that death occurred at 10:45 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Edward H. Hamlet M. D. (Degree or title)		23b. ADDRESS 1504 So Grand	23c. DATE SIGNED 2/2/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		DATE REC'D BY LOCAL REG. FEB 3 1950	
REGISTRAR'S SIGNATURE J. B. Rosater		FUNERAL DIRECTOR'S SIGNATURE Maxella Trench Home ADDRESS 1926 Allan	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Stammann

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.