

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1950

State File No. 18833

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1408

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Unknown</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Boyd, Mo. CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Unknown</u> <u>4002</u>	
c. LENGTH OF STAY (If this place) <u>W.O.</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS Co. Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVE</u> b. (Middle) <u>KOSTOVICH</u> c. (Last) <u>KOSTOVICH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 30 50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>50 ?</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>	11. BIRTHPLACE (State or foreign country) <u>unknown</u> <u>9</u>	12. CITIZEN OF WHAT COUNTRY? <u>9</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>062-17-0698</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Found on card on deceased</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>compound fracture of skull-struck by Missouri Pacific freight train #2210, westbound, after stepping in front of train, near Boyd, Mo.</u> DUPLICATE TO (b) <u>Mo.</u> DUPLICATE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>400 York</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. right-of-way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural-Boyd St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 30 50 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>see above</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. J. Williams</u> (Degree or title) <u>Coroner 3</u>		23b. ADDRESS <u>Clayton</u>	
23c. DATE SIGNED <u>6/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-5-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS UNIV.</u>	
DATE REC'D BY LOCAL REG. <u>6-5-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mori</u>		ADDRESS <u>ST. LOUIS</u>	

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.