

#115259

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8149

| | | | | | | |
|--|---|---|--|--|---|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | | 2239 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u> | | | d. STREET ADDRESS (If rural, give location) <u>23 822^a GEYER</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u> b. (Middle) <u>BOZICH</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27th, 1950</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY 15 1890</u> | 9. AGE (In years last birthday) <u>60</u> | 10. UNDER 1 YEAR Months Days | 11. UNDER 28 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>KALICDE GAS CO</u> | 11. BIRTHPLACE (State or foreign country) <u>YUGO SLAVIA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>LUKA BOZICH</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>ELENORA BOZICH</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-10-7001</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELENORA BOZICH 822^a GEYER</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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis, for advanced</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 21d. HOW DID INJURY OCCUR? <u>002X</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 22. I hereby certify that I attended the deceased from <u>9/25/50</u> 19, to <u>9/27/50</u> 19, that I last saw the deceased alive on <u>9/27/50</u> 19, and that death occurred at <u>7:15am</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Joseph Truente, M.D.</u> | | 23b. ADDRESS <u>1515 Lafayette Ave.,</u> | | 23c. DATE SIGNED <u>9/29/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>SEPT. 30 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>SEP 27 1950</u> | REGISTRAR'S SIGNATURE <u>J.B. Laxater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Sharrin</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Samuel C. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address.....

2906 Harris

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.