

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

2853

State File No.

734

1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		e. STREET ADDRESS 5800 Arsenal St.	
3. NAME OF DECEASED (Type or Print) Peter		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1951	
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>1</u>	8. DATE OF BIRTH 1-2-1868
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION		11. BIRTHPLACE (State or foreign country) Yugoslavia <u>8</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unk.	
13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Mary Ristich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records		18. ADDRESS 5800 Arsenal St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic Brain Disease</u>		ANTECEDENT CAUSES		334X
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c)		11. 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 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. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H 572

22. I hereby certify that I attended the deceased from Sept. 1, 1950, to Jan. 17, 1951, that I last saw the deceased alive on 1-17-, 1951, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George M. Janakay, M.D.</u>	23b. ADDRESS <u>5800 Arsenal</u>	23c. DATE SIGNED <u>1-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JAN 24 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anonymous</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J B Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	ADDRESS <u>Rowland Mortuary Service Inc.</u>
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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.....

Signed.....
Student Embalmer

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.