

FILED MAR 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6843  
Registrar's No. 1728

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 6843		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2269		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3436 N. 9th St.</u>				d. STREET ADDRESS (If rural, give location) <u>3436 N. 9th St.</u>				
3. NAME OF DECEASED (Type or Print) <u>DARINKA YOVANOVICH</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>FEB-20-1951</u>		(Month) (Day) (Year)		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>OCT 10-1870</u>		9. AGE (In years last birthday) <u>80yr.</u>		IF UNDER 1 YEAR Months   Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>AUSTRIA 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>KOSTA PAUNOVICH</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA unknown</u>			14. NAME OF HUSBAND <u>UNK</u>		
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 <u>Mrs. Vida Klach</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>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis C.V. Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ?		
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)		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 <u>Slip</u>						
22. I hereby certify that I attended the deceased from <u>Nov 1949</u> , to <u>date</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/20</u> , 19 <u>51</u> , and that death occurred at <u>8:55 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>07301 N. Kingshighway</u>		23c. DATE SIGNED <u>2/21/51</u>		
24a. BURIAL CREMATION-REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 21 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schmur</u>				
				ADDRESS <u>3125 Lafayette</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Jose B. Hollmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.