

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 10 1951 STANDARD CERTIFICATE OF DEATH

State File No. 11052

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLACK JACK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
d. TOWN NAME OF HOSPITAL OR INSTITUTION 10442 Bellefontaine Rd.		d. STREET ADDRESS (If rural, give location) 3706 LaSalle St. 18	
3. NAME OF DECEASED a. (First) Catharine b. (Middle) --- c. (Last) Borich		4. DATE OF DEATH (Month) (Day) (Year) March, 20, 1951	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 25, 1894	
9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? 8	
13a. FATHER'S NAME Thomas Uremovich		13b. MOTHER'S MAIDEN NAME Mary ?	
14. NAME OF HUSBAND OR WIFE Mike Borich			
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 Mike Borich		ADDRESS 3706 LaSalle St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Acute Renal Myelomatous Nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH 20 days	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Bronchitis</i>			
DUE TO (c)			
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 502.1	
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?			
22. I hereby certify that I attended the deceased from Feb 20, 1951, to March 19, 1951, that I last saw the deceased alive on 3-19, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>W. A. Knight M.D.</i> (Degree or title)		23b. ADDRESS 8201 W. Bonaventure	
23c. DATE SIGNED 3/20/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26/51	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 3/21/51		REGISTRAR'S SIGNATURE <i>Hubert P. Lomke M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Chulick Und. Co.		ADDRESS 1722 S. Jefferson	

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 Peter B. Dubrowick

Signed
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, Mo.

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.