

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11184  
883

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>6076</u>	Registrar's No. <u>883</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u> OR TOWN <u>87</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1445 Wachtel Drive</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1445 Wachtel Drive</u>		d. STREET ADDRESS (If rural, give location) <u>1445 Wachtel Drive</u>		
3. NAME OF DECEASED (Type or Print) <u>Peter</u>		a. (First) <u>Zidovinac</u>	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>Apr. 4, 1951</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>Aug. 6, 1878</u>		9. AGE (In years last birthday) <u>72</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Yugoslavia</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Gabriel Zidovinac</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Zidovinac</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>Lena Zidovinac</u> ADDRESS <u>1445 Wachtel Drive</u>
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) <u>Tuberculosis Disease</u>		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
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.		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) <u>NI</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>350X</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"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>50</u> , to <u>Apr 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr 4</u> , 19 <u>51</u> , and that death occurred at <u>12:15 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. Benz</u> (Degree or title)		23b. ADDRESS <u>3203 Grand</u>		23c. DATE SIGNED <u>4-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 7, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>
24d. LOCATION (City, town, or county) (State) <u>Lemay, 23, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Undk. Co.</u> ADDRESS <u>1204 Telegraph Rd</u>		
DATE REC'D BY LOCAL REG. <u>4/5/51</u>		REGISTRAR'S SIGNATURE <u>Harriet P. ...</u>		

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

*Dr. Berg*  
*11:30 to 2:30*  
*3203 S. Grand*

**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 *Ronald Jahnske*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

**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.