

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31904

State File No. ....

BIRTH NO. 40835-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8304

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. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St ANTHONY'S Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>23 2118 WYOMING</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>TEROVICH</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-51</u>	
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE O</u>	8. DATE OF BIRTH <u>6-21-51</u>
9. AGE (In years last birthday) <u>2</u> <u>23</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo O</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nib</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>GEORGE TEROVICH</u>	13b. MOTHER'S MAIDEN NAME <u>LORETTA HARLOW</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Terovich</u>	ADDRESS <u>2118 Wyoming</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		INTERVAL BETWEEN ONSET AND DEATH <u>87 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</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.			

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. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>75 H.H</u>
--	--	---

22. I hereby certify that I attended the deceased from June 21, 1951, to Sept. 18, 1951, that I last saw the deceased alive on Sept. 17, 1951, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Tichenor</u>	(Degree or title) <u>M.D. O</u>	23b. ADDRESS <u>P.O. Box 6 Springfield, Mo 23 hrs</u>	23c. DATE SIGNED <u>9-19-51</u>
---	------------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REM. via Motor</u>	24b. DATE <u>4 9-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>SEP 20 1951</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>	ADDRESS <u>3125 Lafayette</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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John Bollmer* .....

Licensed Embalmer No. *4014* .....

P. O. Address *395 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.