

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39855
 10280

FILED DEC 1 1951

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State File No. 10280

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 10280

1. PLACE OF DEATH a. COUNTY <u>St. Louis City Hosp. #1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
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>2049</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>6778 Manchester</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Vidnovich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 17, 1926</u>	9. AGE (In years last birthday) <u>25</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co. McKeesport, Pa.</u>	11. BIRTHPLACE (State or foreign country) <u>McKeesport, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Nicholas Vidnovich</u>	13b. MOTHER'S MAIDEN NAME <u>Lata Busich</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	16. SOCIAL SECURITY NUMBER <u>1-37-10000-1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Jacobs, McKeesport, Pa.</u>	ADDRESS <u>McKeesport, Pa.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATALECTASIS RIGHT-LEFT LOBE</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>INFECTIOUS POLYNEURITIS</u>		
	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"/>
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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)
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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>364X</u>
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22. I hereby certify that I attended the deceased from 11-4, 1951, to 11-18, 1951, that I last saw the deceased alive on 11-17, 1951, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James F. Sulman M.D.</u>	23b. ADDRESS <u>St. Louis City Hosp 1515 Lafayette St. Louis</u>	23c. DATE SIGNED <u>11-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McKeesport, Pa.</u>	24d. LOCATION (City, town, or county) (State)
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DATE RECD BY LOCAL REG. <u>NOV 19 1951</u>	REGISTRAR'S SIGNATURE <u>Earl Smith M.D. x P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Honne</u>	ADDRESS <u>4700 Washington Blvd.</u>
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WRITE PLAINLY—USING UNFADEING 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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Walker

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.