

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43102

State File No.

11413

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11413</u>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE				b. COUNTY <u>2139</u>			
b. CITY OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY OR TOWN <u>ST LOUIS</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>13 5300 ARSENAL</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>SPIRO</u>		b. (Middle)		c. (Last) <u>KOWACEVICH</u>				
					4. DATE OF DEATH		(Month) (Day) (Year) <u>December 19, 1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>1887</u>		9. AGE (In years last birthday) <u>64</u>			
						IF UNDER 1 YEAR		IF UNDER 24 HRS.			
						Months		Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>YUGOSLAVIA</u>			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</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>UNKNOWN</u>			16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Repede</u>					ADDRESS <u>2331 Mullarphy</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>		
			ANTECEDENT CAUSES <u>Dehydration</u>						<u>8 days</u>		
			DUE TO (b) <u>Dehydration</u>								
			DUE TO (c)								
			II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						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) (Min)		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>8-13</u> , 19 <u>45</u> , to <u>Dec 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 19</u> , 19 <u>51</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>John Schlenker M.D.</u> (Degree or title)				23b. ADDRESS <u>5400 Arsenal St</u>				23c. DATE SIGNED <u>12/20/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>			24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>				
DATE REC'D BY LOCAL REG. <u>DEC 24 1951</u>		REGISTRAR'S SIGNATURE <u>Carl Smith, MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan-Kelly</u> ADDRESS <u>4386 Lindell</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 Not Embalmed
Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

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.