

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29659

State File No. ....

FILED AUG 15 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7247

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2239</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marion Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>23 2606a So 3rd Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Katulic</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 27 1952</b>	
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 7</b>	8. DATE OF BIRTH <b>Sept 21 1880</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>	11. BIRTHPLACE (State or foreign country) <b>Jugoslavia 8</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Katulic</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Michael Katulic Jr</b>		ADDRESS <b>2606 s 3rd Street</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Disease</b> 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 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 <b>4222</b>	
22. I hereby certify that I attended the deceased from <b>7-26, 1952</b> , to <b>7-27, 1952</b> , that I last saw the deceased alive on <b>7-26, 1952</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Earl Smith</b>		23b. ADDRESS <b>M.D. 3616 S Bwy. St Louis</b>	23c. DATE SIGNED <b>7-27-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>	24b. DATE <b>7/31/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUL 28 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>	
ADDRESS <b>1926 Allen Av</b>			

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed

*Del A. Shannon*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address J. Louis Mc

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.