

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1953

FILED JUN 4 1953

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1003

State File No. 5081  
Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp. No. 1		d. STREET ADDRESS (If rural, give location) 2901 Michigan Ave.	
3. NAME OF DECEASED (Type or Print) JOHN		4. DATE OF DEATH (Month) (Day) (Year) MAY 16, 1953	
a. (First) JOHN		b. (Middle) --	
c. (Last) SARAR		5. SEX 0 M.	
6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Nov. 25, 1896		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY 8	
13a. FATHER'S NAME Anton Sarar		13b. MOTHER'S MAIDEN NAME Agnes Mirog	
14. NAME OF HUSBAND OR WIFE None		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 Thomas Sarar	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES		Lobar Pneumonia	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		490x	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:51 p.m., from the causes and on the date stated above.			
22a. SIGNATURE Patrick E. Taylor		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5.19.53		22d. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
22e. LOCATION (City, town, or county) (State) St. Louis, Missouri		22f. DATE REC'D BY LOCAL REG. MAY 20 1953	
22g. REGISTRAR'S SIGNATURE Carl Smith		22h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK UND. CO. 1722 S. Jefferson	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK

**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 \_\_\_\_\_

*Beroldman*

Licensed Embalmer No. \_\_\_\_\_

*4360*

P. O. Address \_\_\_\_\_

*[Handwritten signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.