

FILED JUN 20 1953

## STANDARD CERTIFICATE OF DEATH

23099

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5613**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1114A. Geyer Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>23 1114A. Geyer Ave.</b>	
3. NAME OF DECEASED a. (First) <b>Kate</b> b. (Middle) <b>Miletic</b> c. (Last) <b>Miletic</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6--4--1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>About 1880</b>
9. AGE (In years less birthday) <b>73</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jugoslavia</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Magdalene</b>		14. NAME OF HUSBAND OR WIFE <b>Peter Miletic</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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Kutrovac</b>		ADDRESS <b>1104 Geyer</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Chronic myocarditis</b>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>			
INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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 (Specify) <b>11</b>		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 (Month) (Day) (Year) (Hour) OF INJURY <b>11</b>		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>3-15, 1953</b> , to <b>6-4, 1953</b> , that I last saw the deceased alive on <b>6-4, 1953</b> , and that death occurred at <b>9:10</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John Smith</b>		23b. ADDRESS <b>2840 California</b>	
23c. DATE SIGNED <b>6-5-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-8-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 5 1953</b>		REGISTRAR'S SIGNATURE <b>John Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell</b>		ADDRESS <b>Funeral Home 1926 Allen Ave</b>	

(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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }  
County of \_\_\_\_\_ } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 23039  
Local Registrar's No. 5613

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7 day of July, 1953, before me appears \_\_\_\_\_

Mary Kutrovac, who, upon her oath, states that the original record of ~~her~~ death

for Kate Miletic died June 4 1953, 19\_\_\_\_, in the State of Missouri, and which was filed at St Louis on June 5, 1953, should be corrected as follows:

Item No. 24 c should read Resurrection Cemetery

Instead of S S Peter & Paul Cemetery

Item No. 17 should read Mary Kutrovac 1104 Geyer

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Kutrovac Inf  
Relationship.

1104 Geyer Av  
Present Address.

Subscribed and sworn to before me this 7 day of July, 1953

My Commission Expires September 22, 1954

George Sobotka Notary Public.

