

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35573 State File No. 9344  
1003 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>9344</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christain Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>9 4441 N. Newstead 2099</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lawrence</b>			b. (Middle) <b>Matthew</b>		c. (Last) <b>Klarich</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 13 1954</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/22/1892</b>		9. AGE (In years last birthday) <b>62</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stone Mason</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Yugoslavia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Andrew Klarich</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Jerainovic</b>		14. NAME OF HUSBAND OR WIFE <b>Helen</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>492-05-5849</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helen Klarich 6016 Baesche Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatous Rt Chest &amp; Mediastinum</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 mo +</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchogenic Carcinoma Rt lung</b> <b>6 mo +</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rt Hemorrhage &amp; Pulmonary Abscess</b> <b>2 wks.</b>			
19a. DATE OF OPERATION <b>10/5/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinomatous Rt Chest with Hemorrhage &amp; Pulmonary Abscess</b>				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 <b>162x</b>			
22. I hereby certify that I attended the deceased from <b>Sep 24</b> , 1954, to <b>Oct 13</b> , 1954, that I last saw the deceased alive on <b>Oct 13</b> , 1954, and that death occurred at <b>11:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Ernest J. ...</b> (Degree or title)				23b. ADDRESS <b>634 N Grand</b>		23c. DATE SIGNED <b>10/15/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/16/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY <b>OCT 15 1954</b>		REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JOHN STYGAR and SON FUNERAL HOME 534 Riverview Bl.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

62-7-21

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.....  
Signature of Student Embalmer

Signed *J.M. Rister*

Licensed Embalmer No. 398

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.