

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10299  
State File No. ....  
1984  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
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. LENGTH OF STAY (in this place) township) <b>2 dys</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hosp.</b>				STREET ADDRESS (If rural, give location) <b>6333 Arthur Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Filipina</b>		b. (Middle)		c. (Last) <b>Tomyanovic</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 1 1955</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 23, 1874</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Yugoslavia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Not nat.</b>							
13a. FATHER'S NAME <b>Sam Pavletich</b>			13b. MOTHER'S MAIDEN NAME <b>Pietra Marinic</b>			14. NAME OF HUSBAND OR WIFE <b>George Tomyanovic</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 ADDRESS <b>FLORA CHERNICH 6412 Fyler Ave.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Hypostatic</b> ANTECEDENT CAUSES (b) <b>Fracture of Rt. Hip.</b> DUE TO (c) DUE TO (d) DUE TO (e) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 24, 55 5:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell pt. home F9040</b>			
22. I hereby certify that I attended the deceased from <b>2/20/55</b> , 19___, to <b>3/1/55</b> , 19___, that I last saw the deceased alive on <b>3/1/55</b> , 19___, and that death occurred at <b>7:45P.m.</b> , from the causes and on the date stated above. <b>21</b>							
23a. SIGNATURE (Degree or title) <b>Charles Thomas, M.D.</b>				23b. ADDRESS <b>16 Plaza Hampton Village</b>		23c. DATE SIGNED <b>3/2/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 5, 1955</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 LOCAL REG. <b>MAR 2 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Horlmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.</b>			

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

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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..... *Harry J. Lehman*  
Licensed Embalmer No. *2678*

P. O. Address *7814 1/2 Road*

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.