

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39061

State File No. ....

FILED NOV 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9646**

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 town) <b>ST. LOUIS Mo</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5455 NOTTINGHAM</b>		e. STREET ADDRESS (If rural, give location) <b>5455 NOTTINGHAM</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>		b. (Middle) <b>(VUKOVIC)</b>		c. (Last) <b>WOKOVICH</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1 1955</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT 5 1881</b>		9. AGE (in years last birthday) <b>74</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUTCHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MARKO WEISS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>YUGO SLAVIA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOSEPH WOKOVICH</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCISCA</b>	
14. NAME OF HUSBAND OR WIFE <b>EMILY WOKOVICH</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <b>EMILY WOKOVICH</b>		ADDRESS <b>5455 NOTTINGHAM</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b> sudden</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary ostium -</b>			
		DUE TO (c) <b>Auto respiratory infection</b>			
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 <b>422-1</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
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22. I hereby certify that I attended the deceased from 10-29, 1955, to 11-1, 1955, that I last saw the deceased alive on 11-1, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Clarence G. Drum</b> (Degree or title) <b>Drum</b>		23b. ADDRESS <b>1922a Union</b>		23c. DATE SIGNED <b>11-4-55</b>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>Nov. 5 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAKWOOD PARK</b>	
				24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>	

DATE REC'D BY LOCAL REG. <b>NOV 5 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Katis</b> ADDRESS <b>2906 Grand</b>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

8A

10-11-07

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James C. Bell*

Licensed Embalmer No. 434

P. O. Address 2906 St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.