

No. 300
10-68

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15091

| | | | | | | | |
|--|------------------------|--|-----------------------------------|--|------------------------------------|--|-----------------------------|
| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 547 | | Registrar's No. 997 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 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 Richmond Heights | | c. LENGTH OF STAY (In this place) 6 wks | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | | d. STREET ADDRESS (If rural, give location) 4430 Eichelberger Av | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Nick | | | b. (Middle) Tomljenovic | | | 4. DATE OF DEATH (Month) (Day) (Year) April 16 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 4 1888 | | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner | | 10b. KIND OF BUSINESS OR INDUSTRY Tavern | | 11. BIRTHPLACE (City and State or Foreign Country) Jugoslavia | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME Unknown | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE Tillie | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. -None- | | 17. INFORMANT'S SIGNATURE OR NAME Helen Hogenmiller 4430 Eichelberger | | | |
| 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) Central thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4 wks mild. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 332X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | |
| 22. I hereby certify that I attended the deceased from 1951, 19 to 4/16/56, 19, that I last saw the deceased alive on 4/15/56, 19 and that death occurred at 10:58 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Last name or title) [Signature] | | | | 23b. ADDRESS 3715 Watson Rd | | 23c. DATE SIGNED 4/17/56 | |
| 24a. DIVISION OF HEALTH OF MISSOURI | | 24b. DATE 4/19/56 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| DATE REC'D BY LOCAL REG. 4-17-56 | | REGISTRAR'S SIGNATURE Herbert R. Donohue MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av | | | |

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

George J. Soboda Jr

Licensed Embalmer No. *4849*

P. O. Address *1926 Allen Ave*

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.