

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

29231
State File No. 1003
Registrar's No. 7014

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

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|-------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 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 St. Louis | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Louis | 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 4449 Osceola | | e. STREET ADDRESS (If rural, give location) 15 4449 Osceola 21590 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Tonkovic | 4. DATE OF DEATH (Month) (Day) (Year) July 27 1956 |
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|-------------|------------------------|----------------------------------------------------------------|--------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 29, 1909 | 9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-------------|------------------------|----------------------------------------------------------------|--------------------------------|------------------------------------|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist | 10b. KIND OF BUSINESS OR INDUSTRY McQuay Norris | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Tonkovic | 13b. MOTHER'S MAIDEN NAME Mary Brozovic | 14. NAME OF HUSBAND OR WIFE Evelyn |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 498-05-8641 | 17. INFORMANT'S SIGNATURE OR NAME Evelyn Tonkovic | ADDRESS 4449 Osceola |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular Congestion</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 m., from the causes and on the date stated above.

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|-----------------------------------------------------|--------------------------------|---------------------------------|
| 22a. SIGNATURE (Name or title) <u>James M Kelly</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>7.30.56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>July 30, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>JUL 30 1956</u> | REGISTRAR'S SIGNATURE <u>Charles Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u> | ADDRESS <u>7027 Gravois</u> |
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(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.....
Signature of Student Embalmer

Signed *Harold E. Benning*.....

Licensed Embalmer No. *7486*

P. O. Address *7027 S*

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.