

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

46420

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar No. 11236

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Affton 4800	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hos		d. STREET ADDRESS (If outside, give location) 27 7126 Stafford Ct.	
3. NAME OF DECEASED (Type or print) MARIN VLAICH		4. DATE OF DEATH Month 11 Day 21 Year '57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-25-1901
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) Jugoslavia
11. BIRTHPLACE (City and state or country) Jugoslavia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Chris Vlaich		14. MOTHER'S MAIDEN NAME Unknown	
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.	
17. INFORMANT		Address Anna Vlaich-7126 Staffors Ct. Affton	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Hypostatic Lobar DUE TO (b) General Carcinomatosis DUE TO (c) Adeno Carcinoma Rectum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 days 14 mos. June 1957
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> None	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None 157x		20c. TIME OF INJURY None	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 8 1954, to Nov. 21-57 and last saw her alive on Nov. 21-1957 Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph A. Lambert, M.D. (Degree or title)		22b. ADDRESS 2747 Glencoe Ave	
22c. DATE SIGNED 11-22-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 11/25/57		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
23d. LOCATION (City, town, or county) St. Louis County, Mo		(State)	
24. FUNERAL DIRECTOR MOYDELL FUNERAL HOME-1926 ALLEN		25. DATE RECD. BY LOCAL REG. NOV 23 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD m 8 B.			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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1-56

Dr J C Dombak - 1 20 - 5 PM  
2767 Highland

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.....  
Signature of Student Embalmer

Signed George J. Snoboda, Jr.  
Licensed Embalmer No. 489

P. O. Address 1926 All

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.