

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034426  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9286

FILED OCT 3 1958  
1. PLACE OF DEATH  
a. COUNTY Worce

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes  No   
OR TOWN St. Louis  
c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in lb  
HOSPITAL OR INSTITUTION St. Louis Chronic 13 mo.  
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No   
93643 Dover

3. NAME OF DECEASED First Middle Last  
(Type or print) Christ Kovacic  
4. DATE OF DEATH Month Day Year  
9 25 58

5. SEX M. 6. COLOR OR RACE Wh. 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH 3/23/1890 9. AGE (In years last birthday) 68  
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Cleaning Enter prise  
11. BIRTHPLACE (City and state or country) Yugoslavia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bob Kovacic 13b. MOTHER'S MAIDEN NAME Matilda 14. NAME OF HUSBAND OR WIFE Julia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) U.S.A. 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address Hospital Record, 5800 Arsenal

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Left Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) 490x  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - 13 mo. 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/30/57 to 9/25/58 and last saw him alive on 9/25/58  
Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D. 22b. ADDRESS 5800 Arsenal 22c. DATE SIGNED 9/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/30/58 23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem 23d. LOCATION (City, town, or county) (State) St Louis Missouri

24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen 25. DATE RECD. BY LOCAL REG. SEP 26 58 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.  
S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. Soboda Jr.

Licensed Embalmer No. 4899

P. O. Address 1926 Allen

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.