THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041634

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10345

Carrie Lee Fine Reg. 11-6-58

1. PLACE OF DEATH a. COUNTY

b. CITY OR TOWN ST. LOUIS, MO. Inside Limits Yes ☐ No ☐

FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP. #1. Length of stay in Hospital or Institution 25 21/89

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3970 Gratiot St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First NIKOLA Middle Last GRUBACICH

4. DATE OF DEATH Month OCT. Day 27, Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 1894 Dec. 5, ~~1887~~

9. AGE (In years last birthday) ~~70~~ 63 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) Packing House Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Yugoslavia 6

12. CITIZEN OF WHAT COUNTRY? Yugoslavia

13a. FATHER'S NAME Wasil Grubacich

13b. MOTHER'S MAIDEN NAME Soka Vilage

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 495-22-5552

17. INFORMANT Address Maxiam Grubacich 2300 Chouteau Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) unknown — INTERVAL BETWEEN ONSET AND DEATH unk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) suspected metastatic

DUE TO (c) Carcinoma of liver from unknown site.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 156.2

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 a.m. p.m. Month, Day, Year

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 9/26/58 ~~1:32 P.M~~, to 10/27/58 and last saw her him alive on 10/27/58

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jean A. Chapman M.D. (Degree or title)

22b. ADDRESS 1515 LAFAYETTE AVE

22c. DATE SIGNED 10/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10/30/58

23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS CHULICK UND. CO. 1722 S. Jefferson

25. DATE RECD. BY LOCAL REG. OCT 29 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student ..... Signed Harvey Kahle

Signature of Student Embalmer

Licensed Embalmer No. 45

P. O. Address Florissan

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