

Health, Welfare and Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011201  
STATE FILE NUMBER

FILED MAR 27 1959

22109

Registration District No. Primary Registration District No. Registrar

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY                           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St Louis</b>   |                                  | c. CITY OR TOWN <b>St Louis</b>   |   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5011 Idaho Ave</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>5011 Idaho Ave</b>  |   |
| Length of stay in lb<br><b>5yrs</b>   |                                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Mlade</b> Middle Last <b>Mihanovich</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Feb</b> Day <b>27</b> Year <b>1959</b> |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec 31 1875</b>                              |
| 9. AGE (In years last birthday)<br><b>83</b>  |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS.<br>Hours Min.                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Labor</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mfg</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Jugoslavia</b>     |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U S</b>  |                                  | 13a. FATHER'S NAME<br><b>Luka Mihanovich</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Antica ?</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><b>Clement Mihanovich</b>  |                                  | Address<br><b>6214 Devonshire</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b><br>DUE TO (b) <b>hypertension arteriosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (c) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH                                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4200</b>  |                                  |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                  | 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION  |                                  | COUNTY  | STATE   |
| 21. I attended the deceased from <b>Feb 23 1959</b> to <b>Feb 27 1959</b> and last saw him alive on <b>Feb 26 1959</b><br>Death occurred at <b>10:30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE<br><b>A. T. Merklein M.D.</b>  |                                  | 22b. ADDRESS<br><b>3507 Potomac</b>   |   |
| 22c. DATE SIGNED<br><b>3-3-59</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   |
| 23b. DATE<br><b>3/2/59</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b>  |   |
| 23d. LOCATION (City, town, or county)<br><b>St Louis County Missouri</b>  |                                  | (State)   |   |
| 24. FUNERAL DIRECTOR<br><b>Moydell Funeral Home 1926 Allen</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 2 '59</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>  |                                  |   |   |

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. Slobodkin.....  
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.**