THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016372

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1250

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Des Peres — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 16 Topping La. — Length of stay in 1b: 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Des Peres 4006 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 16 Topping La. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Stephen Middle: A. Last: Vugrich

4. DATE OF DEATH Month Day Year: 5/2/59

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 10/3/19

9. AGE (In years last birthday): 39 yrs. — 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): Design-Engineer

10b. KIND OF BUSINESS OR INDUSTRY: McDonn. Aircraft

11. BIRTHPLACE (City and state or country): Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Vugrich

13b. MOTHER'S MAIDEN NAME: Mary Stimac

14. NAME OF HUSBAND OR WIFE: Mercedes Cordes Vugrich

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

16. SOCIAL SECURITY NO.: 486-22-8007

17. INFORMANT Address: Mercedes Vugrich 16 Topping La.

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) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 5-2-59 12:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph C. Crust M.D.

22b. ADDRESS: 11774 Manchester Kirkwood Mo.

22c. DATE SIGNED: 4 May 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/6/59

23c. NAME OF CEMETERY OR CREMATORY: Sun Set. Burial Park

23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: E.J.Schnur **ADDRESS**: 3125 Lafayette Ave.

25. DATE RECD. BY LOCAL REG.: 5-5-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

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 Thomas R. Genovick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayet

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.