

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 21 1959

59-033845

STATE FILE NUMBER

2 8279

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.				Length of stay in 1b		c. CITY OR TOWN St. Louis			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3649 Hickory			
3. NAME OF DECEASED (Type or print) First SIMON Middle GRBIN Last SARKIS XXXXXXXXXX XXXXXXXXXX				4. DATE OF DEATH Month 9 Day 6 Year 59					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/6/1865			
				9. AGE (last birthday) 93 yrs.		IF UNDER 1 YEAR Months _____ Days _____			
						IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10b. KIND OF BUSINESS OR INDUSTRY Packing Industry			11. BIRTHPLACE (City and state or country) Yugoslavia			
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Blase Grbin		13b. MOTHER'S MAIDEN NAME Margdalena Unknown		14. NAME OF HUSBAND OR WIFE Angjelika Sokolic		
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. None		17. INFORMANT Edward Gerbin 3649 Hickory St.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Artery thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) 1) CARCINOMA of CAECUM 2) Cirrhosis							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour _____ .m. _____ p.m.		Month, Day, Year							
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, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8-31-59 to 9-6-59 and last saw him alive on 9-6-59 Death occurred at 3:10P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John Allen Burrell M.D.				22b. ADDRESS 1515 Lafayette Ave.		22c. DATE SIGNED 9-6-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/10/59		23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette Ave.				25. DATE RECD. BY LOCAL REG. SEP 8 59		26. REGISTRAR'S SIGNATURE Head Smith M.D. <i>S.P.</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. Jewnik

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.