

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JAN 10 1961

STATE FILE NUMBER = 61-003672

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis			Length of stay in 1b		c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6969 Pernod Ave	
3. NAME OF DECEASED (Type or print) First Anton Middle Last Sinovich				4. DATE OF DEATH Month Jan Day 1 Year 1961			
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 6/10/81	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours		IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME Nickolas Sinovich			13b. MOTHER'S MAIDEN NAME Francis Bradich			14. NAME OF HUSBAND OR WIFE Katherine (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. -		17. INFORMANT Address Anthony Sinovich 6969 Pernod		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemiplegia</i> DUE TO (b) <i>arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <i>334x</i>							INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 Hour a.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 <i>9-1-59</i> to <i>11-61</i> and last saw her/him alive on <i>12-31-60</i> Death occurred at <i>9 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>A.J. Werker M.D.</i> (Degree or title)				22b. ADDRESS <i>3507 Dolores</i>		22c. DATE SIGNED <i>1-3-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE <i>1/4/61</i>	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) St Louis County Mo		(State)
24. FUNERAL DIRECTOR Address <i>Moydell Funeral Home 1926 Allen</i>				25. FILE RECD. BY LOCAL REG. <i>JAN 3 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Halley R. Gaillet Jr

Licensed Embalmer No. 1950

P. O. Address St Louis

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.