MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-007722
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2316

FILED MAR 7 1962

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Incarnate Word — Inside Limits Yes ☒ No ☐

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): 2716 Rutger — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anthony; Middle; Last Baricevich

4. DATE OF DEATH: Month Feb. Day 25 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/14/1908
9. AGE (last birthday): 54
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): Meat Handler
10b. KIND OF BUSINESS OR INDUSTRY: Packing House
11. BIRTHPLACE (City and state or country): Croation Yugoslavia
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Martin Baricevich
13b. MOTHER'S MAIDEN NAME: Mary Deranja
14. NAME OF HUSBAND OR WIFE: Lucille Payeur

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.
17. INFORMANT: Lucille Baricevich — Address: Baricevich 2716 Rutger

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): arteriosclerotic Heart Disease c̄ ped — INTERVAL BETWEEN ONSET AND DEATH: 2 yr??
Posterior infarction.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Duodenal Ulcer c̄ Secondary
DUE TO (c): Anemia due to G.I. bleeding — 2-23-62
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cirrhosis of Liver Multiple arthritis c̄ Spinal deformity.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 420.0
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 5-13-58 to 2-25-62 and last saw her/him alive on 2-25-62
Death occurred at 4:45P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John T Flynn (Degree or title) M.D. MD
22b. ADDRESS: 1715 So.39th St
22c. DATE SIGNED: 2/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb.28,62
23c. NAME OF CEMETERY OR CREMATORY: Resurrection
23d. LOCATION (City, town, or county) (State): St.Louis Cty.Mo.

24. FUNERAL DIRECTOR: E.J.Schnur — ADDRESS: 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: FEB 27 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith . 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 Jos B Vollmer

Licensed Embalmer No 4014

P. O. Address 3135 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.