

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021341

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1320 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 23 1962**

VS 300  
Rev. 4/59

4000

2 219

3 2

4 0

5 3

6

7 2

8 1

9 180X

10

11

12 1241-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Mo.</b> b. COUNTY <del>St. Louis City</del> (Institution)	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Koch, Mo.</b>		Length of stay in 1b <b>9 1/2 mos.</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rob't. Koch Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4472 Forest Park</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>(none)</b> Last <b>Grovac</b>			4. DATE OF DEATH Month <b>4</b> Day <b>28-62</b> Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>4-2-94</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Non-specific</b>	9. AGE (last birthday) <b>68 yrs.</b>
11. BIRTHPLACE (City and state or country) <b>Yugoslavia</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Luke Grovac</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred (?)</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Grovac</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		17. INFORMANT Address <b>Records Koch Hosp. Koch, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinomatosis</b> DUE TO (b) <b>Carcinoma Left Kidney</b> DUE TO (c) <b>1</b> 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)			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 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 <b>5:35</b> Month, Day, Year <b>7-14-61</b> 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, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Koch, Mo.</b> COUNTY STATE
21. I attended the deceased from <b>7-14-61</b> to <b>4-28-62</b> and last saw <sup>him</sup> live on <b>4-27-62</b> Death occurred at <b>5:35</b> a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H.A. Harris</i> (Degree or title) <b>H.A. Harris MD</b>		22b. ADDRESS <b>Rob't Koch Hosp. Koch, Mo</b>	22c. DATE SIGNED <b>4-28-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/30/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>1st Hope</b>	23d. LOCATION (City, town, or county) <b>St Louis County MO</b> (State)
24. FUNERAL DIRECTOR <b>Chute Funeral Home</b> ADDRESS <b>1722 S. Jefferson</b>		25. DATE RECD. BY LOCAL REG. <b>4-30-62</b>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy MD</i>

USE BLACK INK OR TYPEWRITER RIBBON

**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 W E Morrie

Licensed Embalmer No. 3360

P. O. Address St Louis Mo

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.