

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35821
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Missouri Baptist Hospital** St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Peter Petrovich**

(a) Residence, No. **1851 So. 9th Street** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 28, 1906**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **30 10 8**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **common**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Charles, Missouri** (STATE OR COUNTRY)

FATHER 13. NAME **Mike Petrovich**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Jugo-Slavia** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Veselinovic**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Jugo-Slavia** (STATE OR COUNTRY)

17. INFORMANT **John Petrovich** (ADDRESS) **1851 S. 9th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope Cemetery** DATE **Oct. 8, 1937**

19. FUNERAL DIRECTOR **M. C. Maydell** (ADDRESS) **1926 Allen Ave.**

20. FILED **OCT 8 1937** **J. H. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 3, 1937**, to **Oct 6, 1937**
I last saw him alive on **Oct 6, 1937**. Death is said to have occurred on the date stated above, at **4:00a**.
The principal cause of death and related causes of importance were as follows:

Septic pneumonia (Lobar) Date of onset **10/8**

Other contributory causes of importance:
Hepatitis, acute
Blood stream infection (Septicemia), following Septic sore throat
Name of operator **Joseph D. Cieri** M. D.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Joseph D. Cieri**, M. D. (Signed) **1462 N. Taylor** (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. 1467

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.)