

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3306a Salena St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **LYUBO SHORMAS (SHOEMAS)**

8. (b) If veteran, name war **nil** 3. (c) Social Security No. **489-05-1162**

4. Sex **Mae** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Shormas** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **May 5, 1880**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>13</b>	<b>26</b>	hr. _____ min. _____

9. Birthplace **Drnjls, Dalmatia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Tribune Shormas**

18. Birthplace **Yugo-Slavia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Shormas**  
(b) Address **3306a Salena St.**

17. (a) **Burial** (b) Date thereof **June 24-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Hope Cemetery**

18. (a) Signature of funeral director **M. A. Maydell**  
(b) Address **1926 Allen Ave.**

19. (a) **JUN 22 1940** (b) **J. F. Bredeck**  
(Date of local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **24**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **3306a Salena St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
NO ATTENDING PHYSICIAN  
20. DATE OF DEATH: Month **June** day **21st**  
year **1940** hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acrotic Stenosis with Con-**  
**centric Cardiac Hypertrophy;** *Diagnosis*  
**CONTRIB: Chronic Parenchymatous**  
**Nephritis.**

Due to \_\_\_\_\_  
Due to **131**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **5**  
23. Signature **J. F. Bredeck** (Date signed \_\_\_\_\_)  
Address \_\_\_\_\_

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

FILED JUL 17 1940

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Benj. E. Dunbar  
Licensed Embalmer No. 2272  
P. O. Address 926 Allen

**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 this body is not embalmed, above space should be left blank.**