

Registration District No. 794 Primary Registration District No. 1003 Registrar's No. 5484

FILED JUL 17 1940

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 30 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Michael Stankovics 352

3. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Christine Stankovics 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17, 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Balkan Rumania
 (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Own Business

MOTHER FATHER { 12. Name Demeter Stankovics

13. Birthplace Unknown Rumania
 (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Natalie Eberhardt

(b) Address 6221 Weber Road

17. (a) Burial (b) Date thereof June 27, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) JUN 26 1940 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2505 University Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 30 years _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1940 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 18, 1940 to June 25, 1940;
 that I last saw him alive on June 25, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis 24
 Duration

Due to _____

Due to _____

Other conditions Ch. Bronch. & Emphysema
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. J. Robert (M. D. or other) MO
 Address 2342 S. ... Date signed 6/26/40

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.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.