

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(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: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 37 yr 3 mo 12 dy  
(Specify whether  
in this community 52 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13  
(c) City or town St. Louis, Mo.  
(If outside city or town limits write "RURAL")  
(d) Street No. 204 South 2nd St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? About 55 years.

3. (a) PRINT FULL NAME Mike Paunovich (Pavnovit)

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Paunovich 6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 72 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

12. Name Unknown

13. Birthplace Unknown Unknown  
(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 John J. ...

(b) Address 5400 Arsenal St.

17. (a) (b) Date thereof 9-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. ...

18. (a) Signature of funeral director W. ...

(b) Address 3500 ...

19. (a) SEP 3 1940 (b) ...  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3, 1940  
year 1940 hour 4.20 minute P M.

21. I hereby certify that I attended the deceased from 7-1-40, 1940, to Aug. 3, 1940; that I last saw him alive on August 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease  
7-1-40-x

Due to Heat Exhaustion  
not a heat stroke

Due to ...

Other conditions 956  
(Include pregnancy within 3 months of death)

Major findings: Of operations ...

Of autopsy No

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 J. ... (M. D. or other)

Address 5400 Arsenal St Date signed ...

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

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

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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.....

Licensed Embalmer No.....

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.**