

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34001
Registrar's No. 8698

NOV 16 1940

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.
(c) Name of hospital or institution: 7438 Gravois, Ave.
(d) Length of stay: In hospital or institution 2
In this community 2
years, months or days

3. (a) PRINT FULL NAME Joseph Sokolich
(b) If veteran, name war No (c) Social Security No. 491-14-5848

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Sokolich 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased About 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 56 Unknown hr. min.

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

10. Usual occupation Janitor

11. Industry or business

12. Name George Sokolich
13. Birthplace Croatia
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Sokolich
(b) Address 7438 Gravois

17. (a) Burial (b) Date thereof 10/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director H. C. Mandell
(b) Address 1926 Allen Ave.

19. (a) OCT 22 1940 (b) J. F. Beck
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 2
(d) Street No. 7438 Gravois
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1940 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from Aug 15
1940 to Oct 19 1940
that I last saw him alive on Oct 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis Chronic 1940
Hypertensive Chronic Interstitial 12 days
Due to arteriosclerosis 5 yrs.
Due to hypertension non-calculous 5 yrs.
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

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?
(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
23. Signature Edward H. Hamel (M. D. or other)
Address 1504 So Grand Date signed 10-21-40

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

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 C Duman

Licensed Embalmer No.....

2272

P. O. Address.....

1726 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.