

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26207

FILED AUG 8 1941
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1559

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pinecrest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. Ozanam Shelter
(If rural, give location) 9

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nick Pekich

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3,
year 1941 hour 9:00 minute P. M.

4. Sex Male (1) 5. Color or race White

6. (a) Single, widowed, married, divorced Single (1)

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1941 to July 3, 1941
that I last saw h. im alive on July 3, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 7 2 hr. min.

Immediate cause of death Chronic Myocarditis Duration _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Nil

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

11. Industry or business Nil

Major findings: None Of operations None

MOTHER FATHER { 12. Name Unknown

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

Of autopsy None

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

16. (a) Informant L.V. Mulligan M.D.

(b) Address 1515 Lafayette

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

17. (a) _____ (b) Date of death 7-10-41
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (a) Means of injury _____

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

(b) Address 3500 ...

23. Signature L.V. Mulligan (M.D.)
Address 1515 Lafayette Ave. Date signed _____

19. (a) JUL 29 1941 (b) J.R. ...
(Date of registration) (Registrar's signature)

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

6600

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, fact should be so stated above.