

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27033

SEP 17 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6825

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.

(c) Name of hospital or institution St. Raphael's Hospital
(If outside city or town limits, write "RURAL" and name of township)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5007 Wren Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN PLISICH

3. (b) If veteran, name war no

3. (c) Social Security No. 493-01-6874

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1941 hour 11:10 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Plisich 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased About 1889
(Month) (Day) (Year)

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.

8. AGE: Years About 52 Months Unknown Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Fracture of Skull and Subdural Hemorrhage of the Brain; when he fell from a 14 foot wooden ladder at Building #103 at the Small Arms Plant 4300 Goodfellow Ave. Due to about 8:05 A.M., Aug. 20, 1941

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

10. Usual occupation Stone Mason

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Martin Plisich

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

14. Maiden name Kate Bacik

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

PHYSICIAN

Major findings of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Plisich

(b) Address 5007 Wren Ave.

17. (a) Burial (b) Date thereof Aug. 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) AUG-22 1941 (b) J. Plisich
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence Aug. 20th, 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

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

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

23. Signature Wm. C. Maydell (M. D. or other) _____
Address Calvary Cemetery Date signed 8/22/41

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..... *1926 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, fact should be so stated above.