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7-39  
X26390

FILED JAN 24 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9916

1. PLACE OF DEATH:

(a) County .....  
(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:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 Mos. 6 Days  
(Specify whether  
In this community. ....  
years, months or days)

3. (a) PRINT FULL NAME Mike Zerovich

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. SINGLE

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

7. Birth date of deceased. About 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months Days If less than one day  
hr. min.

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

10. Usual occupation. NIL

11. Industry or business. ....

12. Name. SEMO Zerovich

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

14. Maiden name. LELA

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

16. (a) Informant. J. A. Zerovich

(b) Address. 1739 Me Cready

17. (a) BURIAL (b) Date thereof. DEC 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. OLD PICKERS CEM.

18. (a) Signature of funeral director. E. J. Schmur

(b) Address. 3125 Lafayette Ave

19. (a) DEC 15 1941 (b) J. F. Kudack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. ....  
(c) City or town. ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 800 S. VANDEVENTER  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13,  
year 1941 hour 11:45 minute ..... A. M.

21. I hereby certify that I attended the deceased from October 7, 19 41 to December 13, 19 41  
that I last saw h. in alive on December 13, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of esophagus  
Due to.....  
Due to.....

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

Major findings: Of operations. ....

Of autopsy: as above.

PHYSICIAN

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?

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

23. Signature. M. M. Karl (M. D. or other).....  
Address 1515 Lafayette Avenue, Dec 15 1941

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

MOTHER FATHER

**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 \_\_\_\_\_

*Jose B. Vallmer*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Jose B. Vallmer*

Licensed Embalmer No. *4114*

P. O. Address *3125 S. Lafayette Ave*

**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.**