

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8300

State File No.

FILED APR 17 1942

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3068

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Person died at City Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Novak Bolanovich

3. (b) If veteran, name war no 3. (c) Social Security No. 495-14-4605

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 ? ? 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 ? ? _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Christo Bolanovich
13. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)
14. Maiden name Julia ?
15. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Bolanovich
(b) Address 2701a Hickory St.

17. (a) Burial (b) Date thereof 4/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope cemetery

18. (a) Signature of funeral director Charles Clark Co.
(b) Address 1722 1/2 Jefferson Ave.

19. (a) APR 6 1942 (b) J. F. Predeck
(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. 801 S. Vandeventer Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 11 minute 35 P. M.

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.

Immediate cause of death Craniocerebral Trauma Duration _____
Subdural Hemorrhage of Brain
When he was struck by an
Irregularly shaped driver of a
John Thomas Kalmus car
at 23rd and Chestnut Ave.
About 11:25 PM April
Other conditions 3-1942
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

(e) Accident, suicide, or homicide (specify) Craniocerebral Trauma

(b) Date of occurrence APR 3 1942

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

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

23. Signature Thomas C. ... (M. D. or other) _____
Address Deputy Coroner Date signed 4/6/42

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.....

B. M. F. [Signature]

Licensed Embalmer No. *1591*

P. O. Address. *410 61st Botet*

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.