

FILED SEP 1 1942

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 6993

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Mos. 21 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Savo Mrsic

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 487-22-8393

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 Unknown 1882  
(Month) (Day) (Year)

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

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Savo Mrsic  
13. Birthplace Unknown Yugoslavia  
(City, town, or county); (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Yugoslavia  
(City, town, or county) (State or foreign country)

16. (a) Informant John Blazeovich

(b) Address 1806 So. 8th. St. Rear

17. (a) Burial (b) Date thereof 8/20/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Charles W. Co.

(b) Address 1722 So. Jefferson Ave.

19. (a) AUG 29 1942 (b) J. F. Brudick  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 25th  
(If outside city or town limits, write "RURAL")  
(d) Street No. 700 N. 3rd. St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17.  
year 1942 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from March  
27. 19 42 to August 17. 19 42.  
that I last saw h. im alive on August 17. 19 42.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Obstruction of coronary  
Artery due to  
Carcinoma

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings:  
Of operations Hb  
Of autopsy same  
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) (c) Means of injury \_\_\_\_\_  
23. Signature M. D. Johnson (M. D. or other) 0  
Address 1515 Lafayette Avenue Date signed 8/17/42

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

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**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 722 Pennsylvania

**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.**