V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I = X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35597

Primary Registration District No. 1003

Registrar's No. 9391

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000 17 23 9
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 2207 S 13th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Paul Kristanich
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 27th 1929 (Month) (Day) (Year)
8. AGE: Years 13 Months 1 Days 14 If less than one day hr. min.
9. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)
10. Usual occupation At School
11. Industry or business

FATHER
12. Name John Kristanich.
13. Birthplace Austria. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna Lumac
15. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation New. S. SPeter & Paul
18. (a) Signature of funeral director W. L. Moydell
(b) Address Nov 1926 Allen Ave.
19. (a) NOV 10 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10th year 1942 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from 11 8, 1942 to 11/10, 1942 that I last saw him alive on 11/10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	
Due to staphylococcus aureus hemolyticus 0	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy multiple septic emboli throughout body	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature R. W. Maxwell (M. D. ~~or other~~)
Address 5600 Arsenal St Date signed 11-10-42

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. M. Davis

Licensed Embalmer No. 3741

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.