

U.S. No. 2
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23497
State File No. _____
Registrar's No. **6387**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1943 18
Registration District No. _____

Primary Registration District No. **1003**

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days**
(Specify whether _____)
In this community _____
years, months or days)

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. **5040 Lakewood**
(If rural, give location) **NR**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Andrew Simac**

3. (b) If veteran, name war _____ 3. (c) Social Security 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 **Unknown About 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 Unknown hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Unknown**

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Katerina Stippes**

(b) Address **5040 Lakewood**

17. (a) **Burial** (b) Date thereof **7/16/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter and Paul**

18. (a) Signature of funeral director **Wm C Magdell**
(b) Address **1926 Allen Ave**

19. (a) **III 14 1042** (b) **J. C. Cudek**
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
year **1943** hour **9:55** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 7** to **July 13**, 19**43**
that I last saw him alive on **July 13**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial infarction**
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____

Major findings: Of operations _____
Of autopsy **Removal of Spleen, Bowel, Liver, adrenals**

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 **Frank Finley** (M. D. or other) **MD**
Address **1515 Lafayette Avenue** Date signed **7/14/43**

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 W. C. Moyall

Licensed Embalmer No. 1467

P. O. Address 1936 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.