

V. S. No. 2
100M-2-43
Rev. 5-17-49
1 x 3 1/2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27075

State File No. _____
Registrar's No. **7446**

FILED AUG 30 1943 318

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Nicholas Serben

3. (b) If veteran, name war No

3. (c) Social Security No. ?

4. Sex Male

5. Color or face Wht.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Serben

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased About 1885
(Month) (Day) (Year)

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

About 58 Unknown hr. min.

9. Birthplace Yugoslavia 8
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Nickolas Serben

13. Birthplace Yugoslavia 8
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Joseph Serben

(b) Address 1316 Allen Ave.

17. (a) Burial (b) Date thereof 8/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm. C. Maxwell

(b) Address 1926 Allen Ave.

19. (a) AUG 18 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 11

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2308 S. 11 Str
(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 18,
year 1943 hour 5:20 minute A. M.

21. I hereby certify that I attended the deceased from August 6,
1943 to August 18, 1943;
that I last saw h im alive on August 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to metastasis to liver and lung

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

Major findings: Of operations _____

Of autopsy as above

Duration _____

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) none

(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 William D. Paul (M. D. or other) 8/18/43
Address 1515 Lafayette Avenue, Date signed _____

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 A M Davis
Licensed Embalmer No. 3741
P. O. Address 1926 Allen 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.