

318

1003

9497 ✓

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
City Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mildred Mirkovich

3. (b) If veteran, name war _____ 3. (c) Social Security No. Unknown

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: abt Years 38 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation waitress

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant George Kovacevich
(b) Address 2003 S. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof 10/28/43
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Chuliah Vend Co
(b) Address 1722 S. Jefferson Ave.

19. (a) 10/28/43 (Date received local registrar) (b) J. S. Bredek (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. 1606a (Rear) S. Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1943 hour 2 minute 45 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 Subdural hemorrhage of Brain, laceration of brain, place and extent of same could not be determined
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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) Open Vein
(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)
Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address Jefferson Date signed 10/28/43

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

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

732 Longfellow Rd

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.