S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8688

FILED MAR 27 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2665

**1. PLACE OF DEATH:**

(a) County St. Louis

(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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DEACESED:**

(a) State Illinois (b) County Franklin

(c) City or town Zeigler
(If outside city or town limits, write "RURAL")

(d) Street No. 305 Coxspur NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mike Andesivich

3. (b) If veteran, name war None

3. (c) Social Security No. 355-09-7808

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 March (Month) 15 (Day) 1884 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 0 | 3 | hr. min. |

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

10. Usual occupation Retired Coal Miner

11. Industry or business

FATHER

12. Name Demetri Andesivich

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

MOTHER

14. Maiden name Stanuso Vracari

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

16. (a) Informant Mileta Andesivich

(b) Address Zeigler, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Zeigler, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 20 1944 (Date received local registrar) (b) J. F. Busch (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 18 year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan. 28, 1944, to Mar. 18, 1944; that I last saw him alive on Mar 18, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Bronchopneumonia | 48 hrs |
| Due to: Reticulum Cell Sarcoma (Generalized) | 2 |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Bullous Emphysema + Pneumothorax (spontaneous) | |
| Major findings: Of operations: Biopsy - reticulum cell sarcoma | |
| Of autopsy: Bronchopneumonia, bullous emphysema, reticulum cell sarcoma | |

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)

(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

23. Signature M. C. Ahney (M. D. or other)

Address Barnes Hospital Date signed 3/20/44

(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.....

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

working under my personal supervision.

Signed. Albert E. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

**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.**