

FILED AUG 21 1944

818

Primary Registration District No. **1003**

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 28 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
17

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

(d) Street No. 2213 S. 2nd. St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME..... VELKA GUTONICH (GUTZONICH)

MEDICAL CERTIFICATION

3. (b) If veteran, name war.....

3. (c) Social Security No. 497-09-9504

20. DATE OF DEATH: Month Aug. day 11th
year 1944 hour 3 minute 45 A. M.

4. Sex..... MALE 5. Color or race..... White

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

21. I hereby certify that I attended the deceased from 7/24/44
19..... to Aug. 11th, 19 44
that I last saw him alive on Aug. 11th, 19 44
and that death occurred on the date and hour stated above.

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

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

Immediate cause of death.....
Pulmonary Embolism 1hr.
(Post-operative)

7. Birth date of deceased..... Not Known 1884
(Month) (Day) (Year)

Due to..... Squamous cell carcinoma of esophagus 4 mo.

8. AGE:	Years	Months	Days	If less than one day
<u>abt</u>	<u>60</u>	<u>-</u>	<u>2</u>	<u>? -</u>
				hr. min.

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

Major findings:
Of operations..... Esophagectomy done

Of autopsy..... None

9. Birthplace..... Sambor YUGOSLAVIA
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

10. Usual occupation..... Laborer

11. Industry or business..... Car Foundry

12. Name..... John Gutzonich

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..... Mike Jacovac

(b) Address..... 1832 S. 11th. St.

17. (a) Burial (b) Date thereof..... 8/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Frank Ind. Co.

(b) Address..... 1722 S. Jefferson Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... no

(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.....

19. (a) AUG 14 1944 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature..... M. J. Reublis (M.D. or P.H.D.)
Address..... 815 Lafayette Date signed..... 8/11/44

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *John Ketter*
Licensed Embalmer No..... *3880*
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.