

0-2
5-43
7-39
X36671

FILED JAN 16 1945
318

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In rural city Hoop #1
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (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. 4547 McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marko Sajkovich

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

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Verna Sajkovich 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Unknown About 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 55 Unknown hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business Machine Shop

12. Name Marko Sajkovich

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

14. Maiden name Unk.

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

16. (a) Informant Verna Sajkovich

(b) Address 4547 Mspherson Ave.

17. (a) Burial (b) Date thereof 1/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. L. Maydell
(b) Address 1926 Allen Ave.

19. (a) JAN 4 1945 J. F. Budeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1945 hour _____ minute 10 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 laceration hemorrhage of brain
Compound fracture of skull when he
was struck by a car from
Manchester Street Car being operated
by one O. Lee Farrell of Manchester
by Manchester + Hampton around
5:55 PM Jan 2, 1945

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

Major findings: 171
Of operations _____
Of autopsy 3!

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) Accident ASD

(b) Date of occurrence Jan 2, 1945

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? _____ Means of injury Street car

23. Signature Wm. L. Maydell (M. D. or other)

Address 1926 Allen Ave. Date signed 1/3/45

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 *D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *1924 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.