

Registration District No. 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 City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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

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. 2624 Caroline St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roko Sokolic

3. (b) If veteran, name war 3. (c) Social Security No. 497-20-6244

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucija Sokolic 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August, 15, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 2 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Phillip Sokolic
13. Birthplace Novi Vinodol, Yugoslavia
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Radetic
15. Birthplace Novi Vinodol, Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Jovanovic

(b) Address 2624 Caroline St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/45
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Cherubius & Co.

(b) Address 1722 S. Jefferson Ave.

19. (a) JAN 22 1945 J. J. Bredeck
(Date recd. at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1945 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 21
1944 to Jan 17, 1945
that I last saw him alive on Jan 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) Means of injury

23. Signature Dr. Merlin M.D. (M. D. or other)

Address 3507 Polomer Date signed 1-19-45

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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 Alex. C. Chulick Jr.

Licensed Embalmer No. 414-3

P. O. Address 1722 S. Jeffers

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.