

DEPARTMENT OF COMMERCE  
BUREAU OF CENTRAL RECORDS  
**FILED APR 18 1946**  
STANDARD CERTIFICATE OF DEATH

State File No. **15362**

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **3323**

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: Jewish Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Peter Zorich  
3. (b) If veteran, name war #2  
3. (c) Social Security No. 489-05-4318

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian Zorich  
6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased March 6th. 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
29 1 5 hr. min.

9. Birthplace Kansas City, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Too & Die Maker

11. Industry or business St. Louis Ordinance Plant

MOTHER FATHER { 12. Name Mike Zorich  
13. Birthplace Serbia 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Brankowich  
15. Birthplace Serbia X  
(City, town, or county) (State or foreign country)

16. (a) Informant Robt Zorich  
(b) Address 3619a N. 14th. St.

17. (a) Burial (b) Date thereof 4-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Suedmeyer & Sons.  
(b) Address 3934 N. 20th. St.

19. (a) APR 12 1946 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3619a N. 14th. St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 11th.  
year 1946 hour 12.20 minute 5 . M.

21. I hereby certify that I attended the deceased from April 9  
1946 to April 11, 1946.  
that I last saw him alive on April 11, 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis  
Due to Rheumatic carditis 3 wks  
Due to 58  
Other conditions 50  
(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:  
(c) 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 0  
23. Signature Amislawson (M. D. or other)  
Address 3651 Grandel Sq Date signed 4-12-46

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

Masbaum  
3651 Grandel St  
Moor

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 G. G. Smethers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 70 St

**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.**