

S. No. 2
M-5443
7-5-77-39
D I X3867

State File No. _____

FILED JUN 20 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5146**

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

(d) Length of stay: In hospital or institution **10 Days**
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **2317**
(If outside city or town limits, write "RURAL")

(d) Street No. **1200 Russell Blvd.** **9**
(If rural, give location)

(e) Citizen of foreign country? **No** **1**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JULIA CRNKOVICH**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Michael Crnkovich**

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

7. Birth date of deceased **February 11, 1882**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| 64 | 3 | 25 | hr. _____ min. _____ |

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Nikola Knezevich**

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

14. Maiden name **Cecelia Trtaj**

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

16. (a) Informant **Michael Crnkovich**

(b) Address **3430 Wyoming Street**

17. (a) **Burial** (b) Date thereof **6-10-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **[Signature]**

(b) Address **1926 Allen Avenue**

19. (a) **JUN 10 1946** **J. F. Bredock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6th**
year **1946** hour **10** minutes **25** A. M.

21. I hereby certify that I attended the deceased from **May 26** to **June 6**, 19**46**, that I last saw him alive on **June 6**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Post-operative pneumonia**

Due to **Charles Steadman**

Other conditions **10912**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Gall stones**
Of autopsy _____

Duration

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)
(e) Means of injury **0**

23. Signature **R. Berg** (M. D. or other) **0**

Address **2253 N. 1st** Date signed **6/7/46**

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

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 *Benj. E. Dinsman*.....

- - Licensed Embalmer No. 2272.....

P. O. Address. 1926 Allen Avenue.....

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.