

FILED AUG 27 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7229**

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:
Park Lane Memorial
(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 Bar
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4536 Genevieve Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY GRBICICH

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

7. Birth date of deceased October 8-1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Matt Sepac

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Mary Krsul

(b) Address 4536 Genevieve Avenue

17. (a) Burial (b) Date thereof 8-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm L. Moydell

(b) Address 1926 Allen Avenue
AUG 20 1946 (c) Registrar's signature J. F. Bredeck

19. (a) _____ (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 18 day _____ year 46 hour 4 minute 20 M.

21. I hereby certify that I attended the deceased from Aug 16 to Aug 18, 1946; that I last saw her alive on Aug 17 and that death occurred on the date and hour stated above.

Immediate cause of death General Hemorrhage (Paralysis Paralytic)
Due to Arterio Sclerosis

Other conditions 8201
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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)
(a) Means of injury _____
23. Signature Wm L. Moydell M. D. or other _____
Address 8201 N. Broadway Date signed 8/19/46

Duration 7 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Benj. L. Duncan
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.