

FILED JAN 7 1947
318

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 hrs. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lawrence Petrovic

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: November 10, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 16 hr. _____ min.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Martin L. Petrovic

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lorraine Zlatarack

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martin L. Petrovic

(b) Address 8543 Mathilda Ave. St. Louis

17. (a) Burial (b) Date thereof 12/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Ceme. serv

18. (a) Signature of funeral director John H. Giller Sons

(b) Address 2630 Gravois Ave.

19. (a) DEC 27 1946 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 8543 Mathilda Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, Day 26th, Year 1946
hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 10, 1946, to Dec. 26, 1946;
that I last saw him alive on Dec. 26, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Water house - Frodoberich syndrome
(massive hemorrhage into adrenal)
Due to acute meningococcal septicaemia
Due to meningitis of cerebro-spinal membranes

Duration
about 24 hours

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

Major findings: Of operations _____

Of autopsy Same as above

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) _____ 20

(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? _____

(e) Place of injury _____
(Specify type of place)

(f) Means of injury _____

23. Signature Imp. Petrovic (M. D. or other) _____

Address 3804 W. Livingston Ave Date signed 12/26/46

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

MOTHER: FATHER: MOTHER: FATHER:

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..... *Robert F. Gebken*

Licensed Embalmer No. *4144*

P. O. Address..... *2630 Lewis*

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.