

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6837**
Registrar's No. **1629**

Registration District No. **318** Primary Registration District No. **1002**

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:
LUTHERAN HOSPITAL, 0
(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)

3. (a) PRINT FULL NAME LJUBICA RADOSEVICH
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife GEORGE RADOSEVICH
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 1, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER

12. Name KUZMAN BUTERIN
13. Birthplace YUGO SLAVIA
(City, town, or county) (State or foreign country)
14. Maiden name ANN UNKNOWN
15. Birthplace YUGO SLAVIA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophie Krysl
(b) Address 1804 A GEYER AV

17. (a) BURIAL (b) Date thereof FEB. 19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paula

18. (a) Signature of funeral director E. J. Schmir
(b) Address 3125 Lafayette av

19. (a) FEB 17 1947 (b) J. F. Brieder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1804 A GEYER AV.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1947 hour _____ minute 12 P.M.
21. I hereby certify that I attended the deceased from Feb 11, 1947 to Feb 16, 1947
that I last saw h. alive on 2/16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Paralytic Agitation
Other conditions Intestinal obstruction
(Include pregnancy within 3 months of death)
96 hr duration

Major findings: 9/2
Of operations _____
Of autopsy _____
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 _____
23. Signature Otto C. Ammer M.D. (M. D. or other)
Address 3012 Lafayette Date signed 2/16/47

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

2011

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 Joe B. Vollmer
Licensed Embalmer No. 2014
P. O. Address 3125 Lafayette Ave

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.