

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3011 Indiana Ave.
(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 AGNES BAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Paul Ban Sr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 5, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Phillip Wak

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

14. Maiden name _____

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

16. (a) Informant Paul Ban Sr.
(b) Address 3011 Indiana Ave.

17. (a) Burial (b) Date thereof 6/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director CHULICK UND. CO., INC.

(b) Address 1722 S. Jefferson Ave.

19. (a) JUN 23 1947 (b) J. F. Bredeek
(Date received in Registrar's Office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County osc
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3011 Indiana Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-10
1939 to 6-17 1947
that I last saw her alive on 6-11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death The myocardial
Duration _____

Due to _____

Due to _____

Other conditions _____
(Includes 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:

(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 L. V. Garvin (M. D. or other) _____
Address 2767 Oak Ave Date signed 6/17/47

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

8203

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 Alex A. Chubik Jr.

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jeffers

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.