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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29299

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7538

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:
2009 Franklin Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2009 Franklin Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH MATICIC

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 alive years

7. Birth date of deceased August (Month) 14 (Day) 1887 (Year)

8. AGE: Years 59 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Pipefitter

11. Industry or business Gas Co.

FATHER
12. Name Thomas Maticic
13. Birthplace (City, town, or county) Yugoslavia (State or foreign country)

MOTHER
14. Maiden name Marija Sokolic
15. Birthplace (City, town, or county) Yugoslavia (State or foreign country)

16. (a) Informant Nada Austin
(b) Address 2851 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director CHULICK FUNERAL HOME
(b) Address 1722 S. Jefferson Ave.

19. (a) AUG 9 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1947 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1947, to Aug 7, 1947, that I last saw he alive on Aug 6, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular disease	2 yrs.
Due to: Heat exhaustion	2 days
Due to:	
Other conditions (Include 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward N. Hunter (M. D. ~~coroner~~)

Address 1804 So Grand Date signed Aug 8 47

(Licensed Embalmer's Statement on Reverse Side)

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. Chulick Jr.....

Licensed Embalmer No.....4143.....

P. O. Address.....1722 S. Jeff.

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.