

U. S. No. 2
 FORM—2-43
 Rev. 5-17-39
 X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29522
 State File No.
 Registrar's No. 8084

FILED SEP 4 1947
 Registration District No.

1003
 Primary Registration District No.

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

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:
City Hospital
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME IVAN SIMAC

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-07-3560

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Simac

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 13, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Stone Mason

11. Industry or business Construction

12. Name Mat Simac

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

14. Maiden name Lucia Viatetic

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

16. (a) Informant John Skolich

(b) Address 9504 Brenda

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8/25/47
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Chulick Und. Co.

(b) Address 1722 So. Jefferson Ave.

19. (a) AUG 26 1947
(Date received local registrar)

(b) J. F. Brodeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao

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

(d) Street No. 2622 Hickory St.
22
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
 year 1947 hour 8 minute 30 9 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Heart Stroke

Due to _____

Due to _____

Other conditions 40
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 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) (Means of injury)

23. Signature W. H. ... (M. D. or other) _____
 Address _____ Date signed _____

2084

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. Jefferson*.....

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.