

No. 2
1-5-43
5-17-39
I X36571

FILED OCT 24 1947
318

Registration District No. Primary Registration District No.

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:
Enroute to City Hospital #1 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2621 Hickory Street 9
22 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Henry (Jandra) Uremovic

(b) If veteran, name war.....

(c) Social Security No. 492-24-5394

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Uremovic 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 30-1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 10 4 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Jandra Uremovic

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

14. Maiden name Unknown

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

16. (a) Informant Anna Uremovic

(b) Address 2621 Hickory Street

17. (a) Burial (b) Date thereof Oct. 7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Myrdell

(b) Address 1926 Allen Avenue

19. (a) OCT 6 1947 (b) J. F. Bracke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th
year 1947 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Lobar Pneumonia; Pneumoconiosis.

TIME PLACE CAUSE AND MANNER OF SAME
Due to COULD NOT BE DETERMINED.
OPEN VERDICT

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? See above
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Open Verdict

While at work? see above (e) Means of injury see above

23. Signature John E. Dwyer (M. D. or other) 3
Address 1017/47 Date signed 10/7/47

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

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.....

..... **Me**, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Benj. L. Duman*

..... Licensed Embalmer No. **2272**

..... P. O. Address **1926 Allen Avenue**

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.