

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40367

FILED DEC 6 1947

318

1003

State File No.

Registrar's No. 10095

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
3507 No. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 yrs.
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. 3507 No. Broadway 9
26 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christ Zivkovic
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 19
year 1947 hour _____ minute 57 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.

4. Sex M. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased March, 13, 1880
(Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion
Coronary Sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
67 8 6 hr. min.

Duration
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Yugoslavia (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed

11. Industry or business _____
12. Name Zivkovich
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 John B. Parsons
(b) Address 1007 Art Hill Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Chulick Und. Co.
(b) Address 223 S. Jefferson
19. (a) NOV 21 1947 (Date received local registrar) J. F. Braddock (Registrar's signature)

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 3
23. Signature John Perry (M. D. or other)
Address Deputy Coroner Date signed 11/21/47

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

MOTHER FATHER

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.