S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 43508

FILED JAN 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12053

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff (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. 1014 Chouteau Avenue 9 (If rural, give location)

Memorial 22 0

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

If yes, name country

3. (a) PRINT FULL NAME ANDREW SOKOLICH

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 Married

6. (b) Name of husband or wife Rosaria Sokolich

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

7. Birth date of deceased November 25-1875 (Month) (Day) (Year)

8. AGE: ✓ Years 72 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Nikola Sokolich
13. Birthplace Croatia X (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Zorocich
15. Birthplace Croatia X (City, town, or county) (State or foreign country)

16. (a) Informant Rosaria Sokolich

(b) Address 1014 Chouteau Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

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

(b) Address 1926 Allen Avenue

19. (a) JAN 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 29th year 1947 hour 10 minute 03 P M.

21. I hereby certify that I attended the deceased from 10/28/47, 19, to Dec. 29th, 1947 that I last saw him alive on Dec. 29th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia — Duration 1 day

Due to carcinoma of Esophagus with metastases to lungs and ribs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN — Underline the cause of 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 0

23. Signature Frank F. Martin (M. D. or other)

Address 1515 Lafayette 12/30/47 Date signed

Jefferson City Printing Co. (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 .....
Me ..... Registered Apprentice No. .....,
working under my personal supervision.

Signed Benj. L. Duncan

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.