

No. 3000
1-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2317**
Registrar's No. **573**

Registration District No. **318** Primary Registration District No. **1003**

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

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:
Enroute City Hospital 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)

3: (a) PRINT FULL NAME **Mate Brkic**
3. (b) If veteran, name war..... 3. (c) Social Security No. **493-10-7980**

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..... **About 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 58 hr. min.

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

10. Usual occupation **Trackman**

11. Industry or business **Public Service Co**

MOTHER FATHER
12. Name **Marko Brkic**
13. Birthplace **Croatia**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Steve Pavlovic**
(b) Address **4875 Oldenburg Av**

17. (a) **Burial** (b) Date thereof **1/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **Wm & Harold James Home**
(b) Address **1926 Allen Av**

19. (a) **JAN 20 1948** (b) 1948 **J.F. Brkic**
(Date received local registrar) (Registrar's signature)

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. **2010a Franklin Av**
21 (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **19**
year **48** hour **10** minute **6** 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 **Coronary Hypertrophy**
Due to **Fracture of sternum**
Due to **95 C**
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?

23. Signature **Edmund E. [unclear]** (Specify type of place) **3**
Address **1056** (e) Means of injury.....
Date signed **1/20/48**

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 Benny Q. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.