S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37822

Registrar's No. 10035

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 #1 0
(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) 23 Street No. 2106 S. 11th Street 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Antic

3. (b) If veteran, name war

3. (c) Social Security No. 493-10-5705

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Katherina Antic

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

7. Birth date of deceased ~~About 1873~~ 9-16-1872
(Month) (Day) (Year)

8. AGE: ~~About~~ Years 76 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Antic 6
13. Birthplace Jugoslavia 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Grbcich
(b) Address 5412 Partridge Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mordell Und
(b) Address 1926 Allen Avenue

19. (a) NOV 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th year 1948 hour 8:40 minute 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 Cerebral Apoplexy

Due to

Due to 83

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury S

23. Signature Patrick E. Taylor, Dep Cor (M.D. or other)

Address 1300 Clark Date signed 11-19-48

(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.