

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 195
Registrar's No. 1003

FILED JAN 19 1949

318

1003

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>100</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>23 1918^e S. 10th St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Enroute to City Hospital</i>				3. NAME OF DECEASED a. (First) <i>MARTIN</i> b. (Middle) <i>BARANOVIC</i> c. (Last) <i>BARANOVIC</i>			
4. DATE OF DEATH <i>Jan. 7-1949</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>July 14-1868</i>		9. AGE (In years last birthday) <i>80</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		11. BIRTHPLACE (State or foreign country) <i>Czechoslovakia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>John Baranovic</i>		13b. MOTHER'S MAIDEN NAME <i>Susanna Belk</i>		14. NAME OF HUSBAND OR WIFE <i>Anna Baranovic</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Catherine Baranovic 1918a S. 10th</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hemorrhage due to gunshot wound in forehead; self inflicted on 10th Street between Allen and Meyer Ave. at mouth of Allen on Jan 7th 1949. At about 11:43 am</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>between Allen and Meyer Ave. at mouth of Allen on Jan 7th 1949. At about 11:43 am</i> DUE TO (c) <i>at mouth of Allen on Jan 7th 1949. At about 11:43 am</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>1st Suicide 6:41</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>1 7 49 11:43 am</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:43 am</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <i>Joseph M. Quinn 3rd Deputy</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>1/8/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 10, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Concordia</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>JAN 8 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Myrdell Wood</i>		ADDRESS <i>1926 Allen</i>	

MAY 23 1955

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 _____, Student Embalmer No. _____

working under my personal supervision.

Signed Benj. L. Duncan

Signed _____
Student Embalmer

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.