No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

6214

State File No. .....

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 1226

15

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4536 Louisiana Av

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 4536 Louisiana Av

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle):
c. (Last): Grbac

4. DATE OF DEATH (Month) (Day) (Year): Feb 5 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 16 1877
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jugoslavia
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Bernard Loknar
13b. MOTHER'S MAIDEN NAME: Antonia Zagar
14. NAME OF HUSBAND OR WIFE: Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Katherine Grbac — ADDRESS: 4536 Louisiana

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	4 yrs
DUE TO (c)	Myocarditis	4 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic gall bladder disease	4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Non calculous
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1949, *to* 2-5, 1949, *that I last saw the deceased alive on* 2-5, 1949, *and that death occurred at* 2:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gustave Dahms MDO
23b. ADDRESS: 1452 So Grand
23c. DATE SIGNED: 2-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/9/49
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem
24d. LOCATION (City, town, or county) (State): St Louis C Mo.

DATE REC'D BY LOCAL REG.: FEB 8 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Wm C Bryant Und — ADDRESS: 1926 Allen Ave

(Licensed Embalmer's Statement on Reverse Side)

AUG 5 1945

1452 S. Grand
Hr. 2 2 00
10 P.M.

Name

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.

Student .....
Student Embalmer

Signed Benj C 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.