

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34983

318

1003

State File No. 8712

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MADISON 999					
b. CITY OR TOWN ST. LOUIS D		c. LENGTH OF STAY (in this place) 14 DAYS		c. CITY OR TOWN 1424 FOURTH STREET U		d. STREET ADDRESS (If rural, give location) W.R. - MADISON 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL									
3. NAME OF DECEASED (Type or Print) STEPHEN BUDISAVLJEVIC			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH OCTOBER 7 1949		(Month) (Day) (Year)							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH unknown about 6-7			
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION PROPRIETOR		10b. KIND OF BUSINESS OR INDUSTRY TAVERN		11. BIRTHPLACE (State or foreign country) YUGOSLAVIA Y			
12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME John Budisavljevic			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE MARY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Enkovich - Madison, Ill					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of neck (metastatic - primary site undetermined) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mo.?	
19a. DATE OF OPERATION 10-7-49		19b. MAJOR FINDINGS OF OPERATION Extensive carcinoma of neck				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 502					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1949					
22. I hereby certify that I attended the deceased from 9-20, 1949, to 10-7, 1949, that I last saw the deceased alive on 10-7, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.									
23a. SIGNATURE M. Norman Orzel			23b. ADDRESS 508 North Grand, St. Louis, Mo.		23c. DATE SIGNED 10-8-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-7-49		24c. NAME OF CEMETERY CALVARY		24d. LOCATION (City, town, or county) (State) EDWARDSVILLE Ill.			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis J. Kelly Madison					

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

OCT 19 1949

8712

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *Francis J. Lohrey* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2792*

P. O. Address *Medison, Ill*

**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.