

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39047

State File No. \_\_\_\_\_  
Registrar's No. 10160

#825 28

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>10160</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>				d. STREET ADDRESS (If rural, give location) <u>25 - 213 So. 3rd St.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>A</u>		c. (Last) <u>MAVRETIC</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>July 31, 1882</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min. <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unavailable</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>	
13a. FATHER'S NAME <u>Joseph Mavretic</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St. Louis City Hospital Records</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____				21d. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>					
22. I hereby certify that I attended the deceased from <u>7/30/49</u> , 19 <u>49</u> , to <u>11/15/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/15/49</u> , 19 <u>49</u> , and that death occurred at <u>9:30pm</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Oreiman Bailey</u>				(Degree of title) <u>M.D.</u>		23b. ADDRESS <u>1515 Lafayette Ave.,</u>		23c. DATE SIGNED <u>11/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u>			
DATE REC'D BY LOCAL REG. OFF. <u>NOV 25 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>				

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

10160

---

---

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Elmer R. Caldwell*

Licensed Embalmer No. 4077

P. O. Address \_\_\_\_\_

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.