

FILED APR 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2865

BIRTH NO.		REG. DIST. NO. 318		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 Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (For this stay) Mar. 26-50		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2187	
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmary Hospital				d. STREET ADDRESS (If rural, give location) 18 2300 Chouteau Av.			
3. NAME OF DECEASED a. (First) JOSEPH		b. (Middle)		c. (Last) BORETO		4. DATE OF DEATH (Month) (Day) (Year) March 26 1950	
5. SEX MALE		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH APRIL-29-1878	
9. AGE (In years last birthday) 71 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SERBIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAKO BORETA		13b. MOTHER'S MAIDEN NAME MARIE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Petra Vukovich 2300 Chouteau Av.			
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) <u>Carcinoma, mouth</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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) _____			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 144 X			
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?			
22. I hereby certify that I attended the deceased from <u>23 March, 1950</u> , to <u>Mar. 26</u> , 1950, that I last saw the deceased alive on <u>Mar. 26</u> , 1950, and that death occurred at <u>7:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Cletus L. Krag, MD</u>				23b. ADDRESS <u>5600 Arsenal St. St. Louis, Mo.</u>		23c. DATE SIGNED <u>25 March 1950</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE <u>MARCH 29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. OFF. <u>APR 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schmur</u>		ADDRESS <u>3125 Lafayette St.</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Jose B. Hollmer

Signed _____
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3195 Lafayette

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.