

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35379**
8244

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		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2279	
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK HANE HOSPITAL				e. STREET ADDRESS (If rural, give location) 2740 RUTGER ST.			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) SVAGLIC		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) SEPT 27 - 50	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. /		8. DATE OF BIRTH MARCH 19 - 1872	
9. AGE (In years last birthday) 78 YRS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ML		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) YUGOSLAVIA	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME MARTIN SVAGLIC		13b. MOTHER'S MAIDEN NAME VERONICA		14. NAME OF HUSBAND OR WIFE ANGELICA SVAGLIC.	
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 AND ADDRESS Mrs Angelica Svaglic 2740 Rutger St			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio-sclerosis DUE TO (c) Secondary anemia -				INTERVAL BETWEEN ONSET AND 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) (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? H2O					
22. I hereby certify that I attended the deceased from Sept 1950 , to Sept 27, 1950 , that I last saw the deceased alive on Sept 27, 1950 , and that death occurred at 7 A m.; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lloyd L Heid M.D.				23b. ADDRESS 2739 N Grand		23c. DATE SIGNED 9-29-50	
24a. BURIAL, CREMATION, OR REMOVAL		24b. DATE SEPT 30 - 50		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St Louis MO.	
DATE REC'D BY LOCAL REG. SEP 30 1950		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. J. Schmur 3125 Lafayette av			

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.....
Student Embalmer

Signed *Joe B. Hollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 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.