

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35597

BIRTH NO. 37513-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2455

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clayton Richmond Mo</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		2239
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Mary's Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>23 2109a Menard Street</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Anthony</i> c. (Last) <i>Obranovic</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 12 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 6 1950</i>		9. AGE (To years) (Months) (Days) (Hours) (Min.) <i>4 6</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13a. FATHER'S NAME <i>Anthony J. Obranovic</i>		13b. MOTHER'S MAIDEN NAME <i>Marie Silvey</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Anthony J. Obranovic 2109a Menard St</i>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary embolism</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Transient Atherosclerosis - under developed right ventricle</i> DUE TO (c) <i>Congenital heart disease</i>			7544
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>10-9-50</i>	19b. MAJOR FINDINGS OF OPERATION <i>decreased pulmonary blood flow</i>		20. AUTOPSY? YES <input checked="" 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	

22. I hereby certify that I attended the deceased from *10-9-50*, 19*50*, to *10-11*, 19*50*, that I last saw the deceased alive on *10-11*, 19*50*, and that death occurred at *2:00 am.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Chester P. Lippincott M.D.</i>	23b. ADDRESS <i>1325 S. Grand Ave</i>	23c. DATE SIGNED <i>10-13-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10/14/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo.</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>OCT 13 1950 H. Donke M.D./M.H.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Moydell Funeral Home 1926 Allen Av</i>	
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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

*Robert M Murray*

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

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.