

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38896

State File No. ....  
Registrar's No. 9453

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS 2169	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3143 Michigan Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3143 Michigan AV.			

3. NAME OF DECEASED (Type or Print)	a. (First) JERKA	b. (Middle) OSTRICH	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) NOV 5-1950
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5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH SEPT. 9-1874	9. AGE (In years last birthday) 76 YRS	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) YUGO SLAVIA 8	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JARDRE Rodosovich	13b. MOTHER'S MAIDEN NAME LUCY unknown	14. NAME OF HUSBAND OR WIFE John OSTRICH
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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 Mrs. Milka Karlovich 3143 Michigan Ave	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) hypertension		10 yrs 10 yrs
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 checked="" type="checkbox"/>
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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) (Min.)	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 Nov 2, 1950, to Nov 5, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE Edward H. Hamel, M.D.	(Degree or title)	23b. ADDRESS 1504 So Grand	23c. DATE SIGNED 11/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 8	24c. NAME OF CEMETERY OR CREMATORY 5000 ST PETER & PAUL	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REG. NOV 7 1950	REGISTRAR'S SIGNATURE J. B. Leater	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur	ADDRESS 3125 Lafayette
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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 *Geo B Vollmer*

Licensed Embalmer No. *4064*

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: *NO, 010*