

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11074

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>744</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				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>KOCH</u>		c. LENGTH OF STAY (in this place) <u>138 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>239</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>23 1704 MENARD</u> <u>1</u>				
3. NAME OF DECEASED (Type or Print) <u>PETER</u>			a. (First)		b. (Middle)		c. (Last) <u>DRAGICH</u>	
4. DATE OF DEATH <u>MARCH 21, 1951</u>		(Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>6/27/94</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MIL</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>NICK DRAGICH</u>			13b. MOTHER'S MAIDEN NAME <u>PAULINE VIDENOVICH</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I (ARMY)</u>		16. SOCIAL SECURITY NO. <u>492-16-8763</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY SINOVICH</u> ADDRESS <u>3438 LOUISIANA AV</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart 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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic pulmonary tuberculosis</u> ? 29 years						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>U20.0A</u>				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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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>11/3/50</u> , 19 <u>50</u> , to <u>3/20/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/20/51</u> , 19 <u>51</u> , and that death occurred at <u>8:12</u> P.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Eddie J. Lipitz, M.D.</u>				23b. ADDRESS <u>Robt. Koch Hospital, Koch, Mo.</u>		23c. DATE SIGNED <u>3/21/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS PETER & PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO.</u>		
DATE REC'D BY LOCAL REG. <u>3/23/51</u>		REGISTRAR'S SIGNATURE <u>Robert Polomke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W.M. GIBBELL</u>		ADDRESS <u>FUNERAL HOME 1926 ALLEN</u>		

(Licensed Embalmer's Statement on 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul A. Johnson

Licensed Embalmer No. 4533

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.