

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43364

FILED JAN 10 1952

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11091**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2-227	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 2740 RUTGER ST.	
3. NAME OF DECEASED (Type or Print) a. (First) ANGELICA b. (Middle) Svagic c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) December 14, 1951
5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH Aug 15-1875
9. AGE (In years last birthday) 76 YRS.		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (State or foreign country) Jugo S. SLAVIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vincent GRABATZ		13b. MOTHER'S MAIDEN NAME MARY JAKET	
14. NAME OF HUSBAND OR WIFE JOSEPH SVAGLIC		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Svagic ADDRESS 2740 Rutger	
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) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic degeneration Left Lungs Extensibility DUE TO (c) Generalized arteriosclerosis 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 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? 450.1		22. I hereby certify that I attended the deceased from October 4, 19 51 , to Dec. 14, 19 51 , that I last saw the deceased alive on Dec. 14, 19 51 , and that death occurred at 3:00A m., from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) Vincent P. ...		23b. ADDRESS 1515 Lafayette Ave.	
23c. DATE SIGNED 12-14-51		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE DEC-17-51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	
24d. LOCATION (City, town, or county) (State) St Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur ADDRESS 3125 Lafayette	
DATE REC'D BY LOCAL REG. DEC 15 1951		REGISTRAR'S SIGNATURE Paul Smith	

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 _____

Jon B. Hollmer

Signed
Student Embalmer

Licensed Embalmer No. *4814*

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.