S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1952 — State File No. 3167

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0721

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2157
d. STREET ADDRESS (If rural, give location) 5423 S. Grand

3. NAME OF DECEASED (Type or Print) a. (First) Mark Nosic b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1952

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 14, 1885
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) resteruaunt Owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Yguslovia 8
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Matt Mosic
13b. MOTHER'S MAIDEN NAME Eva Unk
14. NAME OF HUSBAND OR WIFE Saloma Nosic

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Saloma Nosic ADDRESS 5423 S. Grand

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Sclerotic Heart Disease With Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arebro Spinal Syphilis — 8 years

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 026X

22. *I hereby certify that I attended the deceased from* 1944 *19*__, *to* Jan-23, 1952, *that I last saw the deceased alive on* Jan-22, 1952, *and that death occurred at* 145a *m., from the causes and on the date stated above.*

23a. SIGNATURE Thos A. Wayland (Degree or title) MD
23b. ADDRESS 3201-30 Grand St Louis, Mo
23c. DATE SIGNED Jan-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 1-25-52
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo

DATE REC'D BY LOCAL REG. JAN 23 1952
REGISTRAR'S SIGNATURE [signature] MD
25. FUNERAL DIRECTOR'S SIGNATURE SouthernFuneralHome ADDRESS 6322 S. GrandBlvd.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. T. A. Wayland
3201a S. Grand Blvd.
Gr. 1413
2 to 4 p.m.

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed David Van Fossan
Licensed Embalmer No. 4262
P. O. Address 6322 So Grand

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.