

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22677

5001

FILED JUN 27 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
d. STREET ADDRESS (If rural, give location) 22 2624 Caroline		4. DATE OF DEATH (Month) (Day) (Year) 5 31 52	
3. NAME OF DECEASED (Type or Print) a. (First) LUCIJA	b. (Middle) NMN	c. (Last) SOKOLIC	4. DATE OF DEATH (Month) (Day) (Year) 5 31 52
5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Widow	8. DATE OF BIRTH / Aug. 24, 1884
9. AGE (In years last birthday) / 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) / Yugoslavia
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME / Ivan Bradan	13b. MOTHER'S MAIDEN NAME / Margaret Redetic	14. NAME OF HUSBAND OR WIFE / Roko Sokolic
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. / None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie George 2622 Caroline St	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF ILIUM ANTECEDENT CAUSES THROMBOSIS OF FEMORAL ARTERY DUE TO (b) HEALED MYOCARDIAL INFARCTION DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4301	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4	
22. I hereby certify that I attended the deceased from MAY 29, 1952, to MAY 31, 1952, that I last saw the deceased alive on MAY 31, 1952, and that death occurred at 7:35A m., from the causes and on the date stated above.			
23a. SIGNATURE / J.R. Bradley (Degree or title) M.D.	23b. ADDRESS / BARNES HOSPITAL	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) / Burial	24b. DATE / 6/2/52	24c. NAME OF CEMETERY OR CREMATORY / Resurrection Cem.	24d. LOCATION (City, town, or county) (State) / St. Louis County, Mo.
DATE REC'D BY LOCAL HEALTH DEPT. / JUN 2 - 1952	REGISTRAR'S SIGNATURE / J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / Chulick Und. Co. Inc. 1722 S. Jefferson	

(Licensed Embalmer's Statement on Reverse Side)

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

889
10 am
6-1-52

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 Alex A. Chubuk

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jefferson

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.