

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19202

State File No. 4938

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

| | | | |
|---|--|---|---------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | a. STATE <u>Missouri</u> | b. COUNTY <u>21</u> |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ENROUTE TO CITY HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>3706 LaSalle St.</u> | |

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|-------------------------------------|------------------------|---------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MATE</u> | b. (Middle) <u>(MIKE)</u> | c. (Last) <u>BORICH</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>May 15 1953</u> |

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Nov. 25, 1889</u> | 9. AGE (In years last birthday) <u>63</u> | 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) <u>Watchman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Water Dept.</u> | 11. BIRTHPLACE (State or foreign country) <u>Yugoslavia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>4</u> |
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| 13a. FATHER'S NAME <u>?</u> | 13b. MOTHER'S MAIDEN NAME <u>Kata</u> | 14. NAME OF HUSBAND OR WIFE <u>Katica Borich-deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Cox</u> | ADDRESS <u>1714a Nebraska</u> |
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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, asthma, 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) <u>Chronic ends and very aortic, hypertrophic</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
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| | | |
|---|--|---------------------------------------|
| 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 <u>4214</u> |
|---|--|---------------------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

| | | |
|-------------------------------------|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Joseph M. ...</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>5/16/53</u> |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/18/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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|---|---|--|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>MAY 16 1953</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith Md</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>CHULICK UND. CO.</u> | ADDRESS <u>1722 S. Jefferson</u> |
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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. Chuluck

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jeff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.