

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13495**
Registrar's No. **3657**

FILED APR 29 1954

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

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** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4339 Ellenwood Ave.**
e. STREET ADDRESS (If rural, give location) **4339 Ellenwood Ave. 2159**

3. NAME OF DECEASED (Type or Print)
a. (First) **LUKA** b. (Middle) _____ c. (Last) **GRZEVIC**
4. DATE OF DEATH (Month) (Day) (Year) **April 21 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 27 1885** 9. AGE (In years last birthday) **68** 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) **Stone Mason** 10b. KIND OF BUSINESS OR INDUSTRY **Construction** 11. BIRTHPLACE (City and State or Foreign Country) **Yugoslavia** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Katica Grzevic**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **492-05-9971** 17. INFORMANT'S SIGNATURE OR NAME **KATICA GRZEVIC** ADDRESS **4339 Ellenwood**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cirrhosis of Liver** INTERVAL BETWEEN ONSET AND DEATH **1 year**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Atherosclerosis** **10 yrs.**
DUE TO (c) **Generalized.**
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) **220** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ **581.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan. 28, 1954**, to **April 21, 1954**, that I last saw the deceased alive on **April 21, 1954**, and that death occurred at **8:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. Rush McAdams M.D.** 23b. ADDRESS **906 Olive, St. Louis** 23c. DATE SIGNED **4-22-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/24/54** 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. **APR 23 1954** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **CHULICK UND. CO.** ADDRESS **1722 S. Jefferson**

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

Student.....
Signature of Student Embalmer

Signed..... *J. Allen Davis*

Licensed Embalmer No..... *46*

P. O. Address..... *St. 25*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.