

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13906

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3488**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gardenville 820</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>4737 Heidelberg Ave.,</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lawrence</b>	b. (Middle) <b>G.</b>	c. (Last) <b>Oremovich</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>4---16---54</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8---10---'89</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stone Mason</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building &amp; Road</b>	11. BIRTHPLACE (State or foreign country) <b>Jugoslavia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>George Oremovich</b>	13b. MOTHER'S MAIDEN NAME <b>Simac</b>	14. NAME OF HUSBAND OR WIFE <b>Albina Oremovich</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Albina Oremovich</b>	ADDRESS <b>4737 Heidelberg Av</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>4 yrs</b> <b>1 yr</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Perikensian disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>0</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>0</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>0</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>250X</b>
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22. I hereby certify that I attended the deceased from **9-17, 1954**, to **4-16, 1954** that I last saw the deceased alive on **4-16, 1954**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Forman</b>	23b. ADDRESS <b>MO 9505 Lewis</b>	23c. DATE SIGNED <b>4-17-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4--20--'54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS. S. PETER &amp; PAUL, CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 19 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell</b>	ADDRESS <b>Funeral Home 1926 Allen Ave</b>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address *St. Louis 4, Mo*

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.