

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7159**  
Registrar's No. **801**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>801</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</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. LENGTH OF STAY (in this place) <b>1 WK</b>	c. CITY OR TOWN <b>4000 Concord/Village</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>12115 Adams</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Slavko</b>		b. (Middle) _____		c. (Last) <b>Sajcic</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 22, 1956</b>					
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr 14, 1882</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Yugoslavia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13a. FATHER'S NAME <b>Sajcic</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph L Sajcic 12115 Adams</b>	
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) <b>Carcinoma of Prostate &amp; Metastases</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension - &amp; obstruction of ureters.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Larynx - Trachea - 2nd day to debilitation - due to 1 &amp; 2.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Crusting in Larynx &amp; Trachea on Bronchovag.</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</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>177x</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____		
22. I hereby certify that I attended the deceased from <b>Jan. 16, 1956</b> , to <b>Jan 22, 1956</b> , that I last saw the deceased alive on <b>Jan 22, 1956</b> , and that death occurred at <b>9:35A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Robert N. Kendall MD</b>		23b. ADDRESS <b>#16 Hampton Village - St. Louis</b>		23c. DATE SIGNED <b>1/23/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/25/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN 24 1956</b>	REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sone 7027 Gravois</b>		

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Donald E. Berry*

Licensed Embalmer No. *4863*

P. O. Address *7027 Bur*

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.