

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17942

State File No. 1003 Registrar's No. 5192

3
DIED JUN 14 1956

318

1003

5192

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File 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			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				d. STREET ADDRESS (If rural, give location) 23 2713 S 9th Street							
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) J c. (Last) Gustin			4. DATE OF DEATH (Month) (Day) (Year) May 29 1956								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced		8. DATE OF BIRTH Oct 11 1896		9. AGE (In years last birthday) 59		10. CITIZENSHIP (If naturalized, give date) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10b. KIND OF BUSINESS OR INDUSTRY Screw & Bolt			11. BIRTHPLACE (City and State or Foreign Country) Jugoslavia			12. CITIZEN OF WHAT COUNTRY? U S		
13a. FATHER'S NAME Victor Gustin			13b. MOTHER'S MAIDEN NAME Louise Bokovich			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Sophia Gustine			ADDRESS 2713 S 9th Street		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebellar Hemorrhage ANTECEDENT CAUSES Whether following auto accident on May 27 1956 DUE TO _____ DUE TO _____ II. OTHER SIGNIFICANT CONDITIONS no other causes could not 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 be determined						20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE OR HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331XF						
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? _____					
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 12:30A m., from the causes and on the date stated above.											
23. SIGNATURE James M Kelly				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 5-31-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/56		24c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St Louis Missouri					
DATE REC'D BY LOCAL REG. MAY 31 1956		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funera Home ADDRESS 1926 Allen Av						

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

..... *me* Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *George J. Svoboda Jr.*
Licensed Embalmer No. *4899*

P. O. Address *1926 Allison Ct.*

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.