

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25613

State File No.

FILED JUL-18-1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1650

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) EUREKA		c. CITY (If outside corporate limits, write RURAL and give township) EUREKA	
c. LENGTH OF STAY (In this place) 20 YEARS		d. STREET ADDRESS (If rural, give location) Bald Hill Rd.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bald Hill Rd.,			

3. NAME OF DECEASED (Type or Print) MICHAEL MUZEVIC	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7 4 56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 13, 1876	9. AGE (In years last birthday) (Month) (Day) (Year) (Min.) 79
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Jugoslavia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Muzevic	13b. MOTHER'S MAIDEN NAME Mary Marusich	14. NAME OF HUSBAND OR WIFE Mary MUZEVIC
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Danice Merrick-Eureka Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbosis of liver		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Passive congestion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-vascular disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5810	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 5810
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 2, 1952, to July 2, 1956, that I last saw the deceased alive on 7/2, 1956, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward H. Shantz M.D.	23b. ADDRESS 1504 So Grand	23c. DATE SIGNED 7/5/56
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24b. DATE 7/7/56	24c. NAME OF CEMETERY OR CREMATORY SS PETER & PAUL CEM.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 7-6-56	REGISTRAR'S SIGNATURE Herbert R. Hamke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE MOYDELL FUNERAL HOME-1926 ALLEN AV	ADDRESS
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Reinhold K. Lohmann

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.