

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

State File No. **32524**

**318**

**1003**

Registrar's No. **8084**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2165 Russell Blvd.</b>				d. STREET ADDRESS (If rural, give location) <b>237 D 2165 Russell Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MLADEN</b>		b. (Middle) <b>(ZAVISHIN)</b>		c. (Last) <b>ZAVISON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August, 29, 1956</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>1872 Oct. 28, 1872</b>	
9. AGE (In years last birthday) <b>83</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Yugoslavia</b>		12. CITIZEN OF WHAT COUNTRY? <b>Yugoslavia</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Yugoslavia</b>		12. CITIZEN OF WHAT COUNTRY? <b>Yugoslavia</b>	
13a. FATHER'S NAME <b>Pete Savison</b>		13b. MOTHER'S MAIDEN NAME <b>Draga ?</b>		14. NAME OF HUSBAND OR WIFE <b>Katica Zavison</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Katica Zavison 2165 Russell Blvd.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis with myocardial infarction</b> ANTECEDENT CAUSES <b>Coronary arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Gen'l Arteriosclerosis</b> DUE TO (b) <b>Coronary arteriosclerosis</b> DUE TO (c) <b>Gen'l Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS <b>peni arteriosclerosis</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>None</b>	
19a. DATE OF OPERATION <b>2 mos.</b>		19b. MAJOR FINDINGS OF OPERATION <b>Strangulated left inguinal hernia</b> <b>Strangulated left inguinal hernia 4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <b>8-29-56</b>	
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>about July 19, 1956</b> , to <b>Aug 29, 1956</b> , that I last saw the deceased alive on <b>Aug 29, 1956</b> , and that death occurred at <b>5:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Richard G. Sisson</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4652 Maryland</b>		23c. DATE SIGNED <b>8/30/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/1/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 1 1956</b>		REGISTRAR'S SIGNATURE <b>E. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHULICK UND. CO. 1722 S. Jefferson</b>			

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

*Francis J. Wepler, Jr.*

Licensed Embalmer No. *4512*

P. O. Address *St. Louis, 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.