

STANDARD CERTIFICATE OF DEATH

30219

State File No. _____

Registrar's No. **6965**

FILED AUG 26 1957

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 6965	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ <input checked="" type="checkbox"/>		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Firmin Desloge Hospital			e. STREET ADDRESS (If rural, give location) 2570 221a S. Broadway		
3. NAME OF DECEASED (Types or Print) RADE			a. (First) _____ b. (Middle) _____ c. (Last) Zirgich		4. DATE OF DEATH (Month) (Day) (Year) July, 24, 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH ? 1889	9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months _____ Days _____ # UNDER 1 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Worker		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia	
12. CITIZEN OF WHAT COUNTRY? Yugoslavia		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE None		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. 498-07-2180	
17. INFORMANT'S SIGNATURE OR NAME Justo Kacich		ADDRESS 5827 Sutherland		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of vomitus		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES acute obstruction and distention (gangrenous bowel)		DUE TO (b) distention (gangrenous bowel)			
DUE TO (c) distention (gangrenous bowel)		DUE TO (c) distention (gangrenous bowel)			
II. OTHER SIGNIFICANT CONDITIONS Carcinoma of bladder		Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Bladder			
19a. DATE OF OPERATION 7-12-57		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 181X	
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 May 29 , 19 57 , to July 24 , 19 57 , that I last saw the deceased alive July 24 , 19 57 , and that death occurred at 9:35P m., from the causes and on the date stated above, 7-26-57					
23a. SIGNATURE Robert Burne M.D.			23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 2 July 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/26/57		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		DATE REC'D BY LOCAL REG. JUL 28 57		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE CHULICK UND. CO.		ADDRESS 1722 S. Jefferson		M. J. R. (Licensed Embalmer's Statement on Reverse Side)	

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

10-300
10-48

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 *Stalley J. Gaeller Jr*
Licensed Embalmer No. *4950*

P. O. Address *St Louis*

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.