

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3434  
STATE FILE NUMBER 973

FILED FEB 6 1958

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

300  
-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		d. STREET ADDRESS (If outside, give location) 2815 St. Vincent	
3. NAME OF DECEASED (Type or print) First Middle Last BERTHA PERICIC		4. DATE OF DEATH Month Day Year JAN 25 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-22-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTH PLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Frank Radetic		14. NAME OF HUSBAND OR WIFE Frank Pericic	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Frank Pericic 2815 St. Vincent	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL BRONCHOPNEUMONIA DUE TO (b) PATENT DUCTUS ARTERIOSUS DUE TO (c) (CONGENITAL HEART DISEASE) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 DAYS LIFE LIFE
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 754.1	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at 740/ JAN 10, 1958 to JAN 25, 1958 and last saw (her) alive on JAN 25, 1958		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE (Degree or title) William J. Fitzpatrick M.D.		22b. ADDRESS 1325 S. Grand St. Louis Mo	
22c. DATE SIGNED Jan 25, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan 28 58	
23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) St. Louis Cty Mo	
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. JAN 27 '58	
		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Thomas R. Fenwick* .....

Licensed Embalmer No. *3793* .....  
P. O. Address *3125 Lafayette* .....

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.