

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007653

FILED MAR 7 - 1958

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1521

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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2370 1722 S 7th Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Ivan John Perisic				4. DATE OF DEATH Month Day Year Feb 8 1958					
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Abt 1880		9. AGE (In years last birthday) Abt 78	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor			10b. KIND OF BUSINESS OR INDUSTRY Mo Pac R R		11. BIRTHPLACE (City and state or country) Jugoslavia		12. CITIZEN OF WHAT COUNTRY? U S		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Marica (Deceased)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Joseph Zaitz 619 Ellwine Dr Lemay 23				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)  DUE TO (c) E932.5 46  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		
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. ADDRESS WHERE INJURY OCCURRED (If for non-fatal injury, see PART I of this form) apartment 540 in vicinity of Barrack Street and President in February 8, 1958 apartment 540 pm						
20c. TIME OF INJURY Hour Month, Day, Year 540 p.m. 2 8 58		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.) 24 Street		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY	STATE
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 715 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Joseph Zaitz				22b. ADDRESS 1200 Clark			22c. DATE SIGNED 2/10/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/11/58	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			23d. LOCATION (City, town, or county) (Specify) St Louis County Missouri			
24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen			25. DATE RECD. BY LOCAL REG. FEB 10 '58		26. REGISTRAR'S SIGNATURE Paul Smith Mo m88				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300  
1-57

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 *Reynold K. Lohman*

Licensed Embalmer No. *9395*

P. O. Address *St Louis 4*

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.