

AMENDED

FILED JUL 26 1961

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Mo. Baptist Hospital</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2909a Minnesota</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Dan</b> Middle <b>Demich</b> Last   |  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>17</b> Year <b>1961</b>   |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6/5/97</b>  | 9. AGE (last birthday)<br><b>63</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Watchman</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Park Dept.</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Jugoslavia</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Lena</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, No or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><b>Lena Demich 2909a Minnesota</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarct.</b><br>DUE TO (b) <b>Coronary Occlusion</b><br>DUE TO (c) <b>Atherosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 days</b>                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4201</b>  |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 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.)   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |  | 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.)  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   | STATE   |
| 21. I attended the deceased from <b>July 1, 61</b> to <b>July 17, 61</b> and last saw him alive on <b>July 17, 1961</b> .<br>Death occurred at <b>2:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |  |   |
| 22a. SIGNATURE<br><b>Evelyn R. Lewicki M.D.</b> (Degree or title)   |  |   | 22b. ADDRESS<br><b>453 N. Taylor</b>   |  | 22c. DATE SIGNED<br><b>7/18/61</b> (State)  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>7/20/61</b>            | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope</b>   |  | 23d. LOCATION (City, town, or county)<br><b>St. Louis County</b>   |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Moynell Funeral Home 1926 Allen</b>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 19 1961</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Leon Smith M.D.</b>  |   |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 16  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

**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 Amy E. Monroe

Licensed Embalmer No. 4495

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.