

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8725
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **2314**
 (c) City St. Louis, Mo. (d) Street No. De Loze Hospital St.
 (If death occurred in hospital, institution, or other place, give name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Pavichevich 121

(a) Residence, No. 3624 Russell, Blvd. St. **17** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nil.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1913.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 2 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bartender
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 3-5-38
 11. Total time (years) spent in this occupation 6 Weeks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White City Ill.

FATHER
 13. NAME Chris Pavichevich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteneara Yugo Slavia

MOTHER
 15. MAIDEN NAME Vida Unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteneara Yugo Slavia

17. INFORMANT (ADDRESS) Chris Pavichevich Benld, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive, Ill. DATE 3-8-38.

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Honpe 429 No. Euclid, Ave.

20. FILED **MAR 8 1938** J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to stab wound in abdomen perforating small intestine, suffered when stabbed with knife in the hands of one

Other contributory causes of importance:
Peenuss woman in Tavern located at 921-23-50 Grand Ave about 120 P.M. March 5-1938

Name of operation Homicide Date of 3-5-38
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury 3-5-1938
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Stab
 Nature of injury Stab

24. Was disease of injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Joseph M. ... D.
 (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)