

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

Do not use this space.

27946

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. 1710^a S. 10th St. 23 Ward.....

File No.....
Registered No. 7769.
St..... Ward.....

2. FULL NAME

Sophia Milutinov
(a) Residence. No. 1710^a S. 10th St., 23 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. 5 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Slavonian</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen Milutinov</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 18 - 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>53</u>	<u>11</u>	<u>14</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....				

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

PARENTS	10. NAME OF FATHER <u>Proka Ordinscher</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u>

14. INFORMANT (Address) Sam Milutinov, 1710 S. 10th St.

15. FILED 6 1933 May 2 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 2 1930.

17. I HEREBY CERTIFY, That I attended deceased from July 21st, 1930, to August 2nd, 1930, that I last saw h. or alive on August 1st, 1930, and that death occurred, on the date stated above, at 6 P. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
431 Cancer of the stomach

(duration) yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY) Hydropsy
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 814 H St
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Robert Brander, M. D.
Aug 20, 1930 (Address) 1012 Beyerles

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Hope DATE OF BURIAL Aug 4 1930

20. UNDERTAKER GWM - Laughlin ADDRESS 1631 Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

9-17-1911
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