

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

Do not use this space.

13. 961 ✓

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 Township Bone Primary Registration District No. 5554
 City St. Louis (No. 8619 Independence Ave.) St. _____ Ward _____

2. FULL NAMES Frank Doukoff
 (a) Residence, No. 8619 Independence Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>6</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. groceryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 165

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Latvia 23

MOTHER FATHER

13. NAME Hans Doukoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record 31

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Evelynia Doukoff
 (ADDRESS) 8619 Independence Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE 1-8-1932

19. UNDERTAKER Mrs. E. L. Fortner
 (ADDRESS) 918 Broadway Ave

20. FILED Jan 6 1932 J. D. Clark Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 5 - 1932

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 10:30 PM.

The principal cause of death and related causes of importance were as follows:
Cancer
Primary
47B
H7B

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis autopsy. Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____.
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Stanley Michel, M. D.
 (Address) Independence Ave

N. B.—Every entry on this certificate is a part of the public record. Each statement or occupation is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 24 1932

