

AUG 9 1935

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

Do not use this space.

791
1003

24868

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

6302

St.....

Ward.....

2. FULL NAME

Mary Dimitroff

(a) Residence, No.....
(Usual place of abode)

4104

St.....

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs.

mos.

ds.

(How long in U. S., if of foreign birth?)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

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

John Dimitroff

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

Aug 15, 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

39

11

8

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

Work

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Greece

13. NAME

Mike Tomoff

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Greece

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Greece

17. INFORMANT
(ADDRESS)Walter J. Tomoff
City of St. Louis18. BURIAL, CREMATION, OR REMOVAL
PLACE

Memorial Park July 25, 1935

19. UNDERTAKER
(ADDRESS)Muller Bros
9 Lindfield
JUL 24 1935

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from

6/11

1935 to

July 23, 1935

I last saw him alive on July 23, 1935. Death is said

to have occurred on the date stated above, at 5:30 P.M.

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

Pelvic abscess
Bronchopneumonia
Empyema left
Pekilantia

Date of onset

Other contributory causes of importance:

pelvic abscess caused by salpingitis, later
unable to state whether due to venereal disease
or child birth - Cause unknown

Name of operation Colpotomy Date of 6/7/35

What test confirmed diagnosis? Was there an autopsy?

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) C. W. Pennington, M. D.

(Address) City of St. Louis

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.

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

