OCT 21 1936

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

Do not use this space.

35509

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033c — Registered No. 362
City Clayton (No. St Louis Co Hosp St. Ward)

2. FULL NAME Victor Nasedkin
(a) Residence, No. 319 Tiffin Ferguson 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

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower (divorced)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ?
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1878
7. AGE 58 YEARS 6 MONTHS 11 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Universal Match Co.
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) Russia

FATHER
13. NAME Michael Nasedkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Ludmila Tovoroff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Mr. Theodore Tsvethov 103 So. Maple Ferguson Mo
18. BURIAL, C[redacted]N, OR R[redacted]L
PLACE Mt Hope Cem. DATE Sept 19 1936
19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave
20. FILED 9/19 1936 Dr. G. J. Figuerelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/17, 1936
22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1936, to 9/10, 1936
I last saw him alive on 9-17, 1936. Death is said to have occurred on the date stated above, at 1 p m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate c̄ metastases
Date of onset
Other contributory causes of importance:
Name of operation Date of
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? No Date of injury, 19
Where did injury occur? No (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? No
If so, specify
(Signed) Frank H Robinson, M. D.
(Address) St Louis Co. Hosp Clayton, Mo

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 M-2-19-36 I X7294