

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.

OCT 5 1936

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

Do not use this space.

35238

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. 2027)

Registration District No. 791  
Primary Registration District No. 1003  
Bremen Avenue

File No. ....  
Registered No. 9885  
St. .... Ward

2. FULL NAME Louis Stoyanov

(a) Residence, No. 2027 Bremen Avenue St. 26 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 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 Katie Stoyanov

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14th, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Packing 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) Hungary

13. NAME Steve Stoyanov

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

15. MAIDEN NAME Unknown

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Mildred Mesterhazy (ADDRESS) 2027 Bremen Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct. 2 19 36

19. UNDERTAKER Sullivan Brothers (ADDRESS) 2849 N. Euclid Avenue

20. FILED SEP 30 1936 19.....  
J. J. Bredeck Registrar.

*The Physician in Attendance*  
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1936

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 11:30 p. m.

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

Prone Spasm of Abdom  
self-inflicted if white suffer  
ing temporary insanity  
Chernobyl

Date of onset

Other contributory causes of importance:

Suicide

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 9/29, 1936

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.

Manner of injury Suicide

Nature of injury Gunshot wound

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

(Signed) Narada [Signature] M. D.  
(Address) [Signature]

Colonial Office