FEB 12 1938

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

561
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 2/1

(b) Township ..... Primary Registration District No. 1003 Registered No. 417

(c) City St. Louis (d) Street No. 1604a Semple Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Duleff. 410

(a) Residence, No. 1604a Semple Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Ethel May Duleff.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1887.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter.
9. Industry or business in which work was done, as saw mill, bank, etc. Kroger Gro. 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) Macedonia. 7

FATHER

13. NAME Dont Know. 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macedonia. 1

MOTHER

15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macedonia.

17. INFORMANT (ADDRESS) Mrs Ethel May Duleff 1604a Semple Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE January 15 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Pletsch Inc. 5966 Easton Ave.

20. FILED JAN 12 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to Jan 11, 1938
I last saw him alive on Jan 11, 1938. Death is said to have occurred on the date stated above, at 1.45 A.M.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance: 94 N

Name of operation None 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? ..... 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) L. H. Slocumb, M. D.
(Address) Humboldt Bldg. St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1.30 to 4

JJ 9727

STATEMENT BY LICENSED EMBALMER

I, D. C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed D. C. Gibson

Licensed Embalmer No. 3454

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)