

REC'D MAY 10 1939

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

791  
1008

13168  
Do not use this space.  
3510

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City..... **St. Louis, Mo.** (d) Street No..... **City Infirmery.** Registered No.....  
(e) Length of residence in city or town where death occurred **2** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **5800 Arsenal St.** St. **13**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DECEASED (write the word) <b>Single.</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>About 1898</b>				
7. AGE <b>40</b>	YEARS	MONTHS <b>X</b>	DAYS <b>X</b>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>No Occupation</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	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) <b>Sirbska Chirnia. procince-Banat-Yougos- (awia).</b>				
FATHER	13. NAME <b>Milivay Todorov</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Yougoslavia</b>			
MOTHER	15. MAIDEN NAME <b>Anasta Biston.</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Yougoslavia.</b>			
17. INFORMANT <b>E. Molony.</b> (ADDRESS) <b>5800 Arsenal St.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Mathews</b> DATE <b>April 18, 39</b>				
19. FUNERAL DIRECTOR (NAME) <b>Wm. C. Moydell</b> (ADDRESS) <b>1926 Allen Ave.</b>				
20. FILED <b>APR 17 1939</b> <i>J. J. Beck</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 16, 19 39**

22. I HEREBY CERTIFY, That I attended deceased from  
**February 3, 19 38 to April 16, 19 39**  
I last saw him alive on **April 16, 19 39**. Death is said  
to have occurred on the date stated above, at **8:30 m. A.M.**  
The principal cause of death and related causes of importance were as follows:  
*Myocardial Insufficiency  
Rheumatic Heart Disease  
Embolus*

Other contributory causes of importance:  
*958*

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?..... 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) *P. Potasnick*, M. D.  
(Address).....

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. 1467

working under my personal supervision.

Signed

W B Mayall

Licensed Embalmer No. 1467

P. O. Address 6925 Allen av

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

**If this body is not embalmed, above space should be left blank.**