

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

33909

State File No. _____
Registrar's No. **8606**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **919 N. Babtst Hospital Tayler Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Sophie Dimitrov**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Dimitrov** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **March 12 1877/1871** (Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **ILL** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Schwenker**

18. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **John Dimitrov**

(b) Address **3517 N. 11 Th Str**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 21 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Ed. Koch Funeral Dir.**

(b) Address **3516 N. 14 Th Str**

19. (a) **OCT 18 1940** (b) **J. F. Budek** (Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____

(c) City or town **St. Louis Mo** (If outside city or town limits, write "RURAL") **26**

(d) Street No. **3517 N 14 Th Str** (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **17** day **Oct.** year **1940** hour **11** minute **20 a.m.**

21. I hereby certify that I attended the deceased from **Oct 15 1940** to **Oct 17 1940**

that I last saw him alive on **Oct 17 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **Yes**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **D. R. Parman** (M. D. or other) _____

Address **2903 Olive** Date signed **18 Oct 1940**

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Lemay

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.