. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29447

FILED SEP 8 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1655

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 7/22/41 (Specify whether years, months or days)
In this community Unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 606
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2502 South 10th Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Dimitro Bizoff
3. (b) If veteran, name war World
3. (c) Social Security No. Yes - not remembered.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased February (Month) 15, (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
51	5	20	hr. min.

9. Birthplace Macedonia (City, town, or county) Greece (State or foreign country)
10. Usual occupation Plasterer
11. Industry or business -
FATHER
12. Name Anthony Bizoff
13. Birthplace Greece (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Traeco
15. Birthplace Greece (City, town, or county) (State or foreign country)
16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, J.B. Mo.
18. (a) Signature of funeral director C. Hoffmann U.T. Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.
19. (a) AUG 6 - 1941 (Date received local registrar) (b) L. M. McCurran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1941 hour 11:30 minute a.m.
21. I hereby certify that I attended the deceased from July 22, 1941 to August 5, 1941 that I last saw him alive on August 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, active, far advanced.	
Due to (3).	Unknown
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy.	

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) no
(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? (Specify type of place)
While at work (e) Means of injury
23. Signature L. M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer. Date signed 8/5/41

107 (Licensed Embalmer's Statement on Reverse Side)

S.S. 488-18-6180

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(52)-26333

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.)

If this body is not embalmed, fact should be so stated above.