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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 2 1942 791

Registration District No. Primary Registration District No. Registrar's No. 4334

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

61
000
17
9

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: ¹¹⁰⁰ ⁰⁰⁰

(a) State Missouri (b) County 17

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 810 Park Ave.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Vasil

3. (b) If veteran, name war no

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Konstandina Vasil

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Unknown about 1888
(Month) (Day) (Year)

Immediate cause of death.....
Coronary Occlusion
Cardiomyopathy

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

About 54 Unknown hr. min.

Duration

Physician

Underline the cause to which death should be charged statistically.

9. Birthplace..... Albania 6
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business.....

Major findings:
Of operations.....

Of autopsy.....

MOTHER FATHER

12. Name Vasil John

13. Birthplace..... Albania 6
(City, town, or county) (State or foreign country)

14. Maiden name Konstandina Marko

15. Birthplace..... Albania 6
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Frad Kosta

(b) Address 516 N. Grand Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May, 19, 42
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

While at work?..... (Specify type of place)

(b) Means of injury.....

23. Signature W. F. Bradley (M. D. or other) 3
Address..... Date signed 5/18/42

18. (a) Signature of funeral director W. F. Bradley

(b) Address 1926 Allen Ave.

19. (a) MAY 18 1942 (Date received local registrar)

J. F. Bradley (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

Benny C. Damsen

Licensed Embalmer No. *21272*

P. O. Address *1926 Allen*

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, fact should be so stated above.