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7. S. No. 2
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5-17-39
X29194

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16704

ED MAY 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4395

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1Mo. 24Days (Specify whether years, months or days)
In this community 37yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 209 South Broadway.
(If rural, give location)
(e) Citizen of foreign country? Bulgaria (Yes or No)
If yes, name country Bulgaria

3. (a) PRINT FULL NAME Novache Vecel

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

SONKA

7. Birth date of deceased January 1, 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Bulgaria 4 (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name Novache Vecel

13. Birthplace (City, town, or county) Bulgaria 4 (State or foreign country)

14. Maiden name Catherine (Unknown

15. Birthplace (City, town, or county) Bulgaria 4 (State or foreign country)

16. (a) Informant Ann P. Morrison

(b) Address St. Louis City Hospital.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly

(b) Address 5416 N. TAYLOR AVE

19. (a) MAY 11 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2. year 1943 hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from March 8, 1943 to May 2, 1943 that I last saw him alive on May 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar

Due to Gangrene of Left Leg

Due to Arteriosclerosis

Other conditions Duodenal Ulcer
(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation of Left Leg

Of autopsy Lobar Pneumonia, Gangrene of Left Leg, Arteriosclerosis

Duration

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

23. Signature Cecil J. Ernest (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 5/3/43

(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 Harry E. Jolly

Licensed Embalmer No. 4078

P. O. Address St Louis Mo

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.