S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12859

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3267

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: 368 Pope Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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. 368 Pope Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Velizar Gyurin

3. (b) If veteran, name war No

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

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife Katica Gyurin

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

7. Birth date of deceased Unknown (Month) About (Day) 1880 (Year)

8. AGE: Years About 64 Months Unknown Days ..... If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name George Gyurin
13. Birthplace ..... (City, town, or county) Hugaria (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ..... (State or foreign country)

16. (a) Informant Milaca Georgevich
(b) Address 1836 S.12 Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Jm. E. Mogell
(b) Address 1926 Allen Ave.

19. (a) APR 8 1944 (Date received local registrar) J. F. Bredick (Registrar's signature)

APR 8 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 7 year 1944 hour 7 minute 35 P.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.

Immediate cause of death Acute Hemorrhage — Duration
Gastritis Alcoholic
Due to Pulmonary Tuberculosis
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of 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) .....
(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 Alfred Perry (M. D. or other)
Address ..... Date signed 4/8/44

(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 ME

, Registered Apprentice No. ,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave

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.