. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

420

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 452

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: Lutheran Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00 17 24

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

(d) Street No. 3453 Pennsylvania Av
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Stoina D. Jugloff

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Dimitre Jugloff

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Mar. 16 1879 (Month) (Day) (Year)

8. AGE: Years 65 | Months 9 | Days 27 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nestor Dinkin
13. Birthplace Greece (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Mary Trondoff
15. Birthplace Greece (City, town, or county) 6 (State or foreign country)

16. (a) Informant Dimitre Jugloff
(b) Address 3453 Pennsylvania Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem

18. (a) Signature of funeral director Witt Bros. L & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 16 1945 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1945 hour 7 minute 15 p. M.

21. I hereby certify that I attended the deceased from Jan 8, 19..., to Jan 13, 1945;
that I last saw her alive on Jan 13, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to

Due to

Other conditions 55
(Include pregnancy within 3 months of death)

Major findings: Of operations Generalized Carcinomatosis of abdomen

Of autopsy

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 R Berg 0 (M. D. ~~or other~~)

Address 2203 Nebraska Date signed 1/15/45

(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 Rowland, Registered Apprentice No.....,

working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2417.

P. O. Address.....

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.