

U.S. No. 2
OM-5-43
v. 5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25112**

FILED JUL 16 1945

Registration District No. **377** Primary Registration District No. **3062** Registrar's No. **1760**

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Brentwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8719 Keystone 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Brentwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8719 Keystone
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Andrew P. Stoyanoff
 (b) If veteran, name war None
 (c) Social Security No. 321-9748973

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 11 year 1945 hour 1 minute 10 P.M.
 21. I hereby certify that I attended the deceased from June 7, 1945 to July 11, 1945, that I last saw him alive on July 11, 1945, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased: April 13, 1915
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of pancreas with metastasis
 Duration mo

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>2</u>	<u>28</u>	_____ hr. _____ min.

Due to _____
 Due to 468

9. Birthplace Bulgaria
 (City, town, or county) (State or foreign country)
 10. Usual occupation Restaurant Manager

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

MOTHER FATHER

11. Industry or business _____
 12. Name Pavel Stoyanoff
 13. Birthplace Macedonia
 (City, town, or county) (State or foreign country)
 14. Maiden name Fanka Avramoff
 15. Birthplace Macedonia
 (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Carcinoma of Pancreas
 Of operations _____
 Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Schuff
 (b) Address 8719 Keystone Brentwood
 17. (a) Removal July 11, 1945
 (Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
 (c) Place: burial or cremation Madison, Illinois

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? _____

18. (a) Signature of funeral director Thomas J. Kelly
 (b) Address Madison, Illinois
 19. (a) 7-13-45 (b) EB McCaran MD
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Edward A. Westrup (M. D. or other) MD
 Address 204 E. Big Bend - Wichita Moore Date signed 7-11-45

JUL 26 1945

AUG 23 1945

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

Francis J. Lacey

Licensed Embalmer No. *2792*

P. O. Address *Madison Ill*

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.