

V. S. No. 2  
FORM 3-43  
Rev. 5-17-39  
I 237823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 39814

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 393

**1. PLACE OF DEATH:** Callaway  
 (a) County Callaway  
 (b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution State Hospital 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County St. Louis 14  
 (c) City or town Overland  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 2  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** NICHOLAS - SPOR  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Mar  
 6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 30 1864  
(Month) (Day) (Year)

**8. AGE:** Years 82 Months 6 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace France 5  
(City, town, or county) (State or foreign country)

10. Usual occupation D.K.

**11. Industry or business**  
 12. Name D.K.  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name D.K.  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant records  
 (b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 12-6-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Particulars not given  
 18. (a) Signature of funeral director Joseph Imperatrice

(b) Address 12-6-1946  
 19. (a) 12-6-1946 (b) Jose Morosukhoff  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1946 hour 3 minute 30 A M.  
 21. I hereby certify that I attended the deceased from Nov 20, 1946, to Dec 5, 1946, that I last saw him alive on Dec 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 24 hrs  
 Due to chronic myocarditis 5 yrs  
 Due to arterio-sclerosis 10 yrs  
 Other conditions intestinal malignancy  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**46 E ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

MOTHER FATHER

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Joseph Imperatrice (M. D. or other) M.D.  
 Address State Hospital Date signed 12/5/46

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 12-10-46

District file Number

District Health Officer No. 9

RECEIVED

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

*J. D. Rastor*

Licensed Embalmer No.....

P. O. Address.....

*225 S. 5th St.  
Heller 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.