S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28977

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7994

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

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: 5464 N. Union Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community years, months or days)

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. 5464 N. Union Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Dimitrov
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct (Month) 8 (Day) 1883 (Year)

8. AGE: Years 63 Months 10 Days 13 If less than one day hr. min.
9. Birthplace Hungary (City, town, or county) (State or foreign country)
10. Usual occupation Mallinckrodt Co.
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Hungary (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Hungary (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Annie Dimitrov
(b) Address 5464 N. Union Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 Fair Ave. St. Louis
19. (a) AUG 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1947 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from July 3, 1947, to Aug 21, 1947 that I last saw him alive on Aug 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Rectum
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Inoperative
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 Edwin F. Vitt (M. D. or other)
Address 3805 So Bdwy Date signed 8/22/47

Jefferson City Printing Co. (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 Wilford G Burnley

Licensed Embalmer No. 4202

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.**