S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40274

State File No. 10795

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No.

Registrar's No.

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1005
(a) State Missouri (b) County 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1118 So. 18th 9
(If rural, give location)
22
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME NICHOLAS VARD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Anna Vard
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May (Month) 223 (Day) 1877 (Year)

8. AGE: Years 70 Months 5 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Greece 6 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Retired

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Stella Mirkay
(b) Address 5618 Holly Hills
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1947 hour 9 minute 10 a. M.
21. I hereby certify that I attended the deceased from Nov 21 1947 to Nov 22 1947
that I last saw him alive on Nov 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: dissecting aneurysm of aorta — Duration: 1 day
Due to arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 30
Major findings:
Of operations —
Of autopsy hemopericardium; small myocardial infarction

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 0
23. Signature Frank F Martin (M. D. ~~or other~~)
Address 1515 Lafayette Date signed

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.