S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6247

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1616

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: 2619 S. 11th. St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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. 2619 S. 11th. St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOCA DAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mike Dan
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased July, 25, 1890 (Month) (Day) (Year)
8. AGE: Years 57 Months 6 Days 18 If less than one day hr. min.
9. Birthplace Romania (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Tanacia Doboshan
13. Birthplace Romania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia ?
15. Birthplace Romania (City, town, or county) (State or foreign country)
16. (a) Informant Mildred Swigert
(b) Address 2619 S. 11th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director CHULICK FUNERAL HOME
(b) Address 1722 S. Jefferson Ave.
19. (a) FEB 17 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12th
year 1948 hour 12 minute 10 A. M.
21. I hereby certify that I attended the deceased from June 1947 to Feb. 12, 1948
that I last saw her alive on Feb. 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
1 Anemia secondary
2 Malnutrition (due to disease)
Due to Cancer Pelvic viscera
Due to
Other conditions Hypertension arterial
(Include pregnancy within 3 months of death)
Major findings:
Of operations 55
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 0
23. Signature L. E. Remsdorff (M. D. or other)
Address 3407 A S. Jefferson Ave. Date signed Feb 13, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 24 1949

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 Ronald O Yokuke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.