S. No. 2
M—1/47
5-17-39

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

#45414

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10570

State File No. 10570

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2537

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1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No.: 3523 Pestalozzi St. 9 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME: Tanas Popoff
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unknown
4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katherine Popoff
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: January (Month) - 31 (Day) - 1886 (Year)

8. AGE: Years 62 | Months 1 | Days 12 | If less than one day ___ hr. ___ min.

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

MOTHER
12. Name: James Popoff
13. Birthplace: Greece 6 (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Unknown
15. Birthplace: Greece 6 (City, town, or county) (State or foreign country)

16. (a) Informant: Katherine Popoff
(b) Address: 3523 Pestalozzi St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Granite City, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) MAR 14 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1948 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from 2/19/48, 19..., to March 12th, 19 48 that I last saw him alive on March 12th, 19 48 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Aspiration of Pneumonia
Due to: Cancer of Stomach - Primary
Due to: Bronchopneumonia
Other conditions (include pregnancy within 3 months of death): Carcinomatosis
Major findings: Of operations: Yes
Of autopsy: Yes

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: [signature] M.D. (M.D. or other)
Address: 1515 Lafayette Date signed: 3/12/48

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address .....

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.