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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 13816

Registrar's No. 4148

WRITE PLAINLY—USE 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: Park Lane Hospital O
(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 8 yrs

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. Hotel Milner 1734 Washington
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dimitre ANASTASOFF

3. (b) If veteran, name war No

3. (c) Social Security No. 360-10-4697

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 52 | Months | Days | If less than one day hr. min.

9. Birthplace Resen (City, town, or county) Jugoslavia (State or foreign country)

10. Usual occupation Editor

11. Industry or business Labor Education Newspaper

FATHER
12. Name Atanas ANASTASOFF
13. Birthplace Resen (City, town, or county) Jugoslavia (State or foreign country)

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

16. (a) Informant Dimitre Tomicheff
(b) Address Benseville Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Madison Ill

18. (a) Signature of funeral director John L Sedlacek
(b) Address Madison Illinois

19. (a) MAY 3 1948 (Date received local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 48 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 22 19 48 to April 30 19 48 that I last saw him alive on April 30 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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 O

23. Signature J. L. Ward (M. D. or other)

Address 7807 Maryland Date signed 5/1/48

(Licensed Embalmer's Statement on Reverse Side)

A148

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 Yahnke

Licensed Embalmer No. 3617

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.