#87350

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27525

Registrar's No. 7449

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis, Missouri.
(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: 7 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 060

(c) City or town: St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5953 Harney ave 9
(If rural, give location)

(e) Citizen of foreign country?: 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: KASTA BOBEFF

3. (b) If veteran, name war:

3. (c) Social Security No.: 489-05-6375

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Bobeff

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: April (Month) 1 (Day) 1888 (Year)

8. AGE: Years 60 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace: Bulgaria (City, town, or county) (State or foreign country)

10. Usual occupation: Poultry Business

11. Industry or business: For self

FATHER
12. Name: Wojcha Bobeff
13. Birthplace: Bulgaria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ruth ---
15. Birthplace: Bulgaria (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Bobeff
(b) Address: 5953 Harney ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Central Und Co
(b) Address: 1841 Cass ave

19. (a) AUG 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1948 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from 7/1/48, 19..., to Aug. 24th, 19 48 that I last saw him alive on Aug. 24th, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: COR PULMONALE	
Due to: Silicosis	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations:

Of autops:

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: Geo. L. Bryant M.D. (M. D. or other)

Address: 1515 Lafayette Date signed: 8/24/48

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.