No. 300
No. 48

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

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10352

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3027

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill.
b. COUNTY Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANITE CITY
d. STREET ADDRESS (If rural, give location) 824 NEIDH.

3. NAME OF DECEASED (Type or Print)
a. (First) Nick
b. (Middle)
c. (Last) Dimitoff

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 1887 FEB 7
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR: Months | Days
IF UNDER 1 HR.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MACEDONIA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Tom Dimoff **ADDRESS** 1640 Olive

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia, right lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac insufficiency — 2 months
DUE TO (c) Hypertensive cardiovascular disease — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, *19* 50, *to* March 30, *19* 50, *that I last saw the deceased alive on* March 30, *19* 50 *and that death occurred at* 2:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE F R Bradley **(Degree or title)** M.D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 3/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) SUNSET HILL
24b. DATE 4-3-50
24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL
24d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILL

DATE REC'D BY LOCAL REG. MAR 31 1950
REGISTRAR'S SIGNATURE J B Fassler
25. FUNERAL DIRECTOR'S SIGNATURE Leonard R Ulrich **ADDRESS** 2060 Hirsthal Granite City Ill

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Leonard R. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 8375

P. O. Address 7060 Cleveland Avenue

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

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