No. 300
10.48

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28511

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 137

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mineral
c. LENGTH OF STAY (in this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jasper Co T B Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis County 4 [illegible]
d. STREET ADDRESS (If rural, give location): 8660 Natural Bridge Road

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Anastasuff
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Mossard 1
8. DATE OF BIRTH: Feb 18-1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy Mfg
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Turkey 8
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: L. Anastasuff
13b. MOTHER'S MAIDEN NAME: Sonia Vossiloff
14. NAME OF HUSBAND OR WIFE: Katherine

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

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): Pulmonary Tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES ☐ 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):
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* 3/1, 1952, *to* 9/3, 1952, *that I last saw the deceased alive on* 9/3, 1952, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jesse E. Douglass MD
23b. ADDRESS: Webb City Mo
23c. DATE SIGNED: 9/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9/6/1952
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St Louis, Missouri

DATE REC'D BY LOCAL REG.: 9-5-52
REGISTRAR'S SIGNATURE: Mrs. Madeline Sintzer 470-[illegible]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Stroot-Carroll Und. Co. St Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-8-52
Jasper County Health Office
County File Number 52/9/688
Date Filed 9-8-52

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Leonard J. Lewis Jr.
Licensed Embalmer No. 4564
P. O. Address Webb City Mo.

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.