

STANDARD CERTIFICATE OF DEATH

40407

State File No.

10047

FILED DEC 2 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 807 Niedringhaus Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Steve	b. (Middle)	c. (Last) Kostoff	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1900	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Core Room	10b. KIND OF BUSINESS OR INDUSTRY Gen. Steel Cast	11. BIRTHPLACE (State or foreign country) Macedonia	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Kostoff	13b. MOTHER'S MAIDEN NAME Dorothy Loeff	14. NAME OF HUSBAND OR WIFE Ann Kostoff
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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. 333-03-2223	17. INFORMANT'S SIGNATURE OR NAME Ann Kostoff	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163x
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22. I hereby certify that I attended the deceased from Feb., 1952 to Oct 30, 1952, that I last saw the deceased alive on Oct 30, 1952 and that death occurred at pm m., from the causes and on the date stated above.

23a. SIGNATURE Melvin L. Goldman M.D.	(Degree or title)	23b. ADDRESS 634 N. Broad	23c. DATE SIGNED 10/31/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 30, '52	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	24d. LOCATION (City, town, or county) (State) Granite City, Illinois
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DATE REC'D BY LOCAL REG. NOV 1 1952	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer	ADDRESS Granite City, Ill
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Moore

Licensed Embalmer No. 2985

P. O. Address Franklin City, Ill.

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.