

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11188

State File No. 2112

Registrar's No. 2112

FILED MAR 18 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
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 St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 14 4982 Miami St.	
3. NAME OF DECEASED a. (First) REV. TZVETKO		b. (Middle) S.	c. (Last) BAGRANOFF
4. DATE OF DEATH Feb. 22 1953		5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1871	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presbyterian Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bulgaria
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Stoyan Bagranoff	13b. MOTHER'S MAIDEN NAME Dona Unknown
14. NAME OF HUSBAND OR WIFE Nevenka Bagranoff		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 Nevenka Bagranoff		ADDRESS 4982 Miami St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Arteriosclerosis</i>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION 1-14-53		19b. MAJOR FINDINGS OF OPERATION Amputation R. leg for gangrene	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4501
22. I hereby certify that I attended the deceased from 4-7, 1951, to 2-22, 1953, that I last saw the deceased alive on 2-21, 1953, and that death occurred at 8:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>Arthur B. Ray M.D.</i>		23b. ADDRESS 3720 Washington	23c. DATE SIGNED 2-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE Feb. 25, 1953	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) (State) Granite City, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. FEB 24 1953		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	

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

G.P. (Licensed Embalmer's Statement on Reverse Side)

3703  
Washington

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 Edwin M. G. Alworth

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.