

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21384**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. **5127**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital No. 1		e. STREET ADDRESS (If rural, give location) 225 1433 Pine St.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) c. (Last) VASILL		4. DATE OF DEATH (Month) (Day) (Year) June 7, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/28/1889
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	
10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and State or Foreign Country) Moscopolis, Albania	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Vasill, Demtri	
13b. MOTHER'S MAIDEN NAME Mitra Demtri		14. NAME OF HUSBAND OR WIFE Mae Vasill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mae Vasill		ADDRESS 1433 Pine St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUPLICATE OF (b) Coronary Sclerosis	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4201		22. I hereby certify that I attended the deceased from 1954 to 1954 , that I last saw the deceased alive on 1954 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Joseph J. ...		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 6/9/54		24. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/9/54	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. FUNERAL DIRECTOR'S SIGNATURE Carl Smith	
24e. ADDRESS 1722 S. Jefferson		25. FUNERAL DIRECTOR'S SIGNATURE MUCHULICK UND. CO.	
DATE REC'D BY LOCAL REG. JUN 9 1954		REGISTRAR'S SIGNATURE Carl Smith	

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

Student.....
Signature of Student Embalmer

Signed: *Ronald O. Spahn*.....

Licensed Embalmer No. *39*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.