

3644

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43724

FILED JAN 18 1955

State File No.

BIRTH NO. _____ REC. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11966**

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) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 34 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3608 Holt Avenue				e. STREET ADDRESS (If rural, give location) 16 3608 Holt Avenue 2169 0			
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) RUSHA		c. (Last) JUGLOFF	
4. DATE OF DEATH December 30, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 17, 1897 Mar. 18, 1886		9. AGE (In years last birthday) 57	
5. SEX female		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and State or Foreign Country) VomBel Macedonia		12. CITIZEN OF WHAT COUNTRY? Macedonia		13a. FATHER'S NAME Nickola Markoffky		13b. MOTHER'S MAIDEN NAME Malena Bezova	
14. NAME OF HUSBAND OR WIFE Peter G. Jugloff		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. none		17. INFORMANT'S SIGNATURE OR NAME Peter G. Jugloff, 3608 Holt Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MYOCARDIAL INFARCTION				2 WKS.	
ANTECEDENT CAUSES		DUE TO (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE				5 YRS	
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 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-11-1950 , to 12-30-1954 , that I last saw the deceased alive on 12-28-1954 , and that death occurred at 3:10 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Robert E. Koch		(Degree or title) M.D.		23b. ADDRESS 35 N. CENTRAL		23c. DATE SIGNED 12.31.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JAN 3 1955		REGISTRAR'S SIGNATURE Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home, 1936 St. Louis Ave			

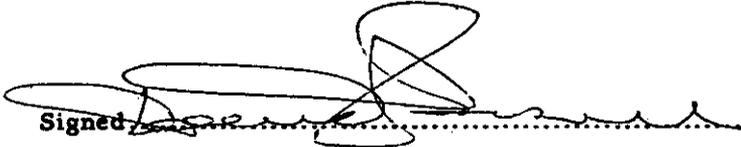
Dr. Robert E. Koch,
35 No. Central Ave.

after 11:30 pm 12/31

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  _____

Licensed Embalmer No. 452

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.**