

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1955

State File No. **23921**
6138

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

1. PLACE OF DEATH a. COUNTY 3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook 8/120	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri	c. LENGTH OF STAY (In this place) DOA	c. CITY OR TOWN Chicago	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 10629 Avenue F. Cottage	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) _____ c. (Last) Ivanoff			4. DATE OF DEATH (Month) (Day) (Year) July 12, 1955			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (City and State or Foreign Country) Salonika, Greece		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Ivanoff		13b. MOTHER'S MAIDEN NAME Mary Unknown		14. NAME OF HUSBAND OR WIFE Mary Ivanoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Michael Korda, 10629 Avenue F.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation due to hanging when deceased was found hanging by neck from water pipe in the bathroom of his room at the Norwich Hotel, 1428 Locust St., on July 12th 1955, at about 12:34 pm. Suicide		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death not related to the disease or condition causing death		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Hotel		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 12 5:20 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 974X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) James M Kelly Deputy		23b. ADDRESS 1300 Blank		23c. DATE SIGNED 7-16-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-16-55		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Hammond, Indiana	

DATE REC'D BY LOCAL REG. July 16 1955		REGISTRAR'S SIGNATURE J. Carl Smith - MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

cause of death

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..... *Paul A. Wach*.....

Licensed Embalmer No. *478*

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.