

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3133

FILED FEB 6 1958

318

1003

State File No. ....

884

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY             |  |   |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Saint Louis  |  | c. LENGTH OF STAY (In this place) Life   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis  |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital   |  |  | d. STREET ADDRESS (If rural, give location) 2705 N. 11th Street, 6,   |  |   |
| 3. NAME OF DECEASED (Type or Print) a. (First) VIOLET  |  | b. (Middle) ANN  | c. (Last) KAMANOV   | 4. DATE OF DEATH (Month) (Day) (Year) January 23rd, 1958                                     |   |
| 5. SEX Female  | 6. COLOR OR RACE White   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   | 8. DATE OF BIRTH June 22nd, 1907  | 9. AGE (In years last birthday) 50   | IF UNDER 1 YEAR Months Days   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker  |  | 10b. KIND OF BUSINESS OR INDUSTRY Wolff Tober Shoe Co.   | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY? USA  |
| 13a. FATHER'S NAME Peter Young   |  | 13b. MOTHER'S MAIDEN NAME Marie Zacker   |   | 14. NAME OF HUSBAND OR WIFE Milan Kamanov  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None 495-22-6493                        | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Milan Kamanov, 1101 Montgomery Street, 6   |   |  |   |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u><br><u>cerebral embolus</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral embolus</u><br>DUE TO (c) <u>Rheumatic heart disease</u><br>II. OTHER SIGNIFICANT CONDITIONS <u>cirrhosis of liver</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u><br><u>1 day</u><br><u>years</u><br><u>few months</u> |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   |  |   | 20. AUTOPSY? <u>2</u><br>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)  | 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 <u>1/22, 1958</u> , to <u>1/23, 1958</u> , that I last saw the deceased alive on <u>1/23, 1958</u> and that death occurred at <u>8:45 P. m.</u> , from the causes and on the date stated above. |  |  |   |  |   |
| 23a. SIGNATURE <u>Wm. Franklin</u>   |  |  | 23b. ADDRESS <u>MD 634 N. Grand Ave.</u>  |  | 23c. DATE SIGNED <u>1/24/58</u>   |
| 24a. BURIAL/CREMATION, REMOVAL (Specify) Removal   | 24b. DATE 1/27/58  | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery   |   | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri                     |   |
| DATE REC'D BY LOCAL RES. <u>JAN 24 58</u>  | REGISTRAR'S SIGNATURE <u>Carl Smith</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, St. Louis, 15, Missouri.</u> |  |   |

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

MO. INDEALIVE BLDG. 1  
2:00 PM to 5:00PM Fri. & Sat.

File in city.

**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 Ralph C. Zindler

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.