FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007457
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1872

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital — Length of stay in Ib: DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 122 No. 8th St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Anna; Middle:; Last: Kondov

4. DATE OF DEATH: Month: Feb. Day: 16 Year: 1958

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov 8, 1896

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Sel-Mor Garment

11. BIRTHPLACE (City and state or country): Buffalo, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Alexander Waleski

13b. MOTHER'S MAIDEN NAME: not known

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 489-09-7724

17. INFORMANT: Victor Kondov Address: 3975a Castleman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 3 yrs.
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/16/44 to 2/16/58 and last saw her/him alive on 2/6/58
Death occurred at unknown time on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank G. Bailey (Degree or title) M.D.

22b. ADDRESS: 3108 So. Grand

22c. DATE SIGNED: 2/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 2-19-58

23c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: J L Ziegenhein & Sons ADDRESS: 7027 Gravois

25. DATE RECD. BY LOCAL REG.: FEB 17 '58

26. REGISTRAR'S SIGNATURE: J Carl Smith MD
MKB

(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 Donald E Berry .....

Licensed Embalmer No. 4863 .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.