

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16808  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1003  
(c) City Missouri (d) Street No. en route City Hospital No. 2 St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4669

2. PRINT FULL NAME

George Nasku 200  
(a) Residence, No. 6065 Thekla St. 7  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Nasku

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1879

7. AGE YEARS 59 MONTHS 1 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat  
9. Industry or business in which work was done, as saw mill, bank, etc. Packing Co.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

FATHER 13. NAME Andrew Nasku in  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

MOTHER 15. MAIDEN NAME Troppeolean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

17. INFORMANT (ADDRESS) Vincent Dragulescu  
6065 Thekla

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Hope DATE May 23, 1938

19. FUNERAL DIRECTOR (ADDRESS) Chulick and Co.  
1726 S. Jefferson

20. FILED 19 38 J. F. Bredeh Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12.40 PM

The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Nephritis;  
Fatty Degeneration of Myocardium;  
Mitral Regurgitation.

Date of onset

Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) Alfred J. Terry M.D.  
(Address) Deputy Coroner

MAY 23 1938

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppo Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed Albert H. Hoppo

Licensed Embalmer No. 1861

**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.)**