

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

23420

Do not use this space.

791
1008

AUG 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Alexian Bros. Hospital St. 6114
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Simon Moldovan 431

(a) Residence, No. 5181 Enright St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Moldovan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bldg. Contractor
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 5-1-38 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-38 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 23 1938 to July 7 1938
 I last saw him alive on Feb 17, 1938 Death is said to have occurred on the date stated above, at 10:04 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Date of onset
(R. Bronchus) 1938
H.T.

Other contributory causes of importance:
Broken Lungs 1938
upper Right Lung
 Name of operation Therapeutic Date of 7-38
 What test confirmed diagnosis? Was there an autopsy?

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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Yes
 (Signed) Alexian Bros. M. D.
 (Address) Alexian Bros

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Marie Moldovan
5181 Enright Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7-9-38 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister
416 Chippewa
 20. FILED J. D. Biedeck Local Registrar

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.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Edwin H. Leubinger

Licensed Embalmer No.

4049

P. O. Address.....

4016 Chippewa

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, above space should be left blank.