

No. 2
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FILE

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40173**
Registrar's No. **9944**

JAN 15 1941

Primary Registration District No. **1003**

1. PLACE OF DEATH: **St. Louis, Mo.**
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 yrs. 8 mo. 13 days**
In this community **14 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Iko Vuloff**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, divorced, married, divorced **Divorced**
6. (b) Name of husband or wife **B. Carolyn Vuloff** 6. (c) Age of husband or wife if alive **About 1889** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 51 yrs. hr. min.

9. Birthplace **Belamel Bulgaria**
(City, town, or county) (State or foreign country)

10. Usual occupation **meat-cutter**

11. Industry or business **Retail**

12. Name **Unknown**

13. Birthplace **Unknown Bulgaria**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown BULGARIA**

15. Birthplace **Unknown Bulgaria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. J. S. ...**
(b) Address **5400 Arsenal St**

17. (a) (b) Date thereof **11/30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. ...**
(b) Address **35 ...**

19. (a) **DEC 4 1940** (b) **J. H. ...**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **13** **25**
(If outside city or town limits, write "RURAL")
616 Market St.
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **28 yrs.** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **26**
year **1940** hour **9:15** minute **A.** M.
21. I hereby certify that I attended the deceased from **July 1st**
1940, 19... to **Nov. 25, 1940**;
that I last saw him alive on **Nov. 25, 1940**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Paresis 7-1-40-x
Due to **13**
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy **NO**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury **1**
23. Signature **M. Eichelman M.D.** (M. D. or other)
Address **5400 Arsenal St** Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.