

No. 2  
4-13-40  
5-17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9407**  
Registrar's No. **2817**

Registration District No. **791**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **Saint Louis, Missouri.**  
(c) Name of hospital or institution: **City Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County \_\_\_\_\_  
(c) City or town **Saint Louis.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3305 So. Jefferson Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **No. attending Physician** years.

3. (a) PRINT FULL NAME **Tarpo Demitroff,**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **29th,**  
year **1941.** hour **12** minute **Noon.** M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Demitroff.**  
6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **Unknown** **6/21/1890**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**About 55** **50** **9** **8** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Myocardial Infarction**  
**Hypertension of Heart**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **92 lb**

9. Birthplace **Unknown** **Greece**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Candy Business**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **? Demitroff.**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Lee Jugloff**  
(b) Address **3249 Lafayette Ave.**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**  
(b) Address **2623 Cherokee Street.**

19. (a) **MAR 31 1941** (b) **J. P. Bredek**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

23. Signature **Thomas F. Callahan** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **3/31/41**

**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.....

*W E Morris*

Licensed Embalmer No. *3360*

P. O. Address. *2623 Cherokee*

**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.**