

FILED APR 21 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9430
Do not use this space.

1. PLACE OF DEATH 791 Registration District No. 1003
 (a) County.....
 (b) Township..... Primary Registration District No. 2840
 (c) City St. Louis (d) Street No. St. John's Hospital 0 Registered No. 977
 (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. 0 mos. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Edward Stephen Staikoff
 (a) Residence, No. 1719 Third St. Madison, Illinois
 (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 0 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.O.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1941
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) Granite City, Illinois (STATE OR COUNTRY)
 FATHER 13. NAME Stephen Staikoff 14. BIRTHPLACE (CITY OR TOWN) Madison Illinois (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Janet McElwain 16. BIRTHPLACE (CITY OR TOWN) Madison Illinois (STATE OR COUNTRY)
 17. INFORMANT Stephen Staikoff (ADDRESS) Madison, Ill.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE March 31, 41
 19. FUNERAL DIRECTOR Francis Lohrey (ADDRESS) Madison, Ill. J. Bredek Local Registrar.
 20. FILED MAR 31 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1941
 22. I HEREBY CERTIFY, That I attended deceased from March 7, 1941, to March 15, 1941
 I last saw him alive on March 15, 1941. Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
 Congenital heart disease (Life)
 157
 Other contributory causes of importance: Broncho pneumonia 1 day
 Name of operation none Date of.....
 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.....
 (Signed) Dr. Costello M. D.
 (Address) Madison, Ill. J. Bredek
 Local Registrar.

I X12004

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

0952 Weyland

30 Arundel Pl

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E. _____

No Embalming

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)