S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23260

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6174

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

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3968 Sullivan (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3968 Sullivan (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Russia 0

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3. (a) PRINT FULL NAME LEOKADIA ZADONTSEFF

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex FEMALE 1 5. Color or race WHITE 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Demitri
6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 31 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	17	hr. min.

9. Birthplace Kiev (City, town, or county) Russia (State or foreign country)
10. Usual occupation House work
11. Industry or business unknown

FATHER
12. Name UNKnow
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Edward Strzalkowski
(b) Address 3966 Sullivan
17. (a) (Burial, cremation, or removal) (b) Date thereof 7 (Month) 27 (Day) 42 (Year)
(c) Place: burial or cremation National Cem
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis ave
19. (a) JUL 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1942 hour 10 p.m. minute M.

21. I hereby certify that I attended the deceased from June 1, 1941 to July 18, 1942 that I last saw him alive on July 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

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) no
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. J. Vizzard (M. D. or other)
Address 1873 Carlsbro Date signed 7/21/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoffa

Licensed Embalmer No. 2971

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.