

FILED APR 13 1944

State File No.

Registrar's No. 2904

Registration District No. 3198

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Max Starkloff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 Hr.
(Specify whether
In this community.....
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. 2305 A Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Vasil Theodor

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Victoria Theodor 6. (c) Age of husband or wife if alive. 37 years
7. Birth date of deceased..... Unknown about 1904
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1944 hour 12 minutes 30 A.M.

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.

Immediate cause of death..... Coronary Thrombosis (Duration.....)

8. AGE: Years Months Days If less than one day
About 40 Unknownhr.min.

9. Birthplace..... Greece 6
(City, town, or county) (State or foreign country)

10. Usual occupation Restuarant Owner

11. Industry or business.....

MOTHER FATHER { 12. Name..... Unknown
13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Victoria Theodor
(b) Address..... 2305 A Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3/30/44
(Month) (Day) (Year)

(c) Place: burial or cremation..... St. Mathews

18. (a) Signature of funeral director..... Wm. C. Maydell

(b) Address..... 1926 Allen Ave.

19. (a) MAR 28 1944 (b) J. F. Bredish
(Date received local registrar) (Registrar's signature)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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).....
(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..... Alfred Henry (M. D. or other).....
Address..... Date signed..... 3/28/44

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

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave.

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.