

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **31824**
8504
Registrar's No.

FILED OCT 19 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish 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 Illinois (b) County Madison **999**
(c) City or town Madison **NR 11**
(If outside city or town limits, write "RURAL")
(d) Street No. 809 Washington Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) **2**
If yes, name country Bulgaria

3. (a) PRINT FULL NAME Vela Doneff
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Enio
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October 22 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Bulgaria (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
12. Name Nick Mincheff
13. Birthplace Bulgaria (State or foreign country)
14. Maiden name Unknown
15. Birthplace Bulgaria (State or foreign country)

16. (a) Informant Rose Schuvertmanis
(b) Address Madison, Illinois
17. (a) Rem. to Madison, Ill. Date thereof 10/1/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunrise Hill Cem
18. (a) Signature of funeral director Plamir J. Pabon
(b) Address OCT 2 1945 Madison, Illinois
19. (a) J. F. Bredeck (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 10th
year 1945 hour 7 minute 45 P.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia due to hanging Duration _____
at her home 809 Washington Ave. Madison, Illinois on Oct 1st 1945 exact time
Due unknown

Other conditions (Include pregnancy within 3 months of death)
Major findings: 16
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Oct 1st 1945
(c) Where did injury occur? East of Davisella
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of work)
(c) Means of injury gun
23. Signature Plamir J. Pabon (M. D. or other)
Address 809 W. Co Date signed 10/2/45

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

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

Francis J. Lahey

Licensed Embalmer No. *2792*

P. O. Address. *Madison Ill.*

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.