No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3186
502

FILED JAN 30 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON 999

(c) City or town MADISON 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 GRAND N.R. 6
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME George Vasiloff.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 333-01-9335

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ~~Not Known~~ Cunka

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

7. Birth date of deceased DEC. (Month) 15 (Day) 1878 (Year)

8. AGE: Years 69 Months 1 Days 2 If less than one day hr. min.

9. Birthplace TRNOVO (City, town, or county) BULGARIA (State or foreign country)

10. Usual occupation CHIPPER

11. Industry or business GENERAL STEEL CASTINGS CO

FATHER
12. Name VASIL VASILOFF
13. Birthplace TRNOVO (City, town, or county) BULGARIA (State or foreign country)

MOTHER
14. Maiden name NOT KNOWN
15. Birthplace TRNOVO BULGARIA (City, town, or county) (State or foreign country)

16. (a) Informant STEVE VASILOFF
(b) Address 1201 GRAND MADISON

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation MADISON, ILL.

18. (a) Signature of funeral director John L. Sedlacek
(b) Address MADISON, ILLINOIS

19. (a) JAN 17 1948 (Date received local registrar) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1948 hour 2 0 minute 20 A.M.

21. I hereby certify that I attended the deceased from December 22, 1947 to January 17, 1948 that I last saw him alive on January 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Dehydration	
Due to: Carcinomatosis	
Due to: Ca of the Rectum	
Other conditions (Include pregnancy within 3 months of death): Degen. Ht. Dis.	
Major findings: Of operations: Ca of Rectum — Colostomy — 1943.	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)
Address Barnes Hospital Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

None

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 John T. Sedlacek

Licensed Embalmer No. 3747

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.