

S. No. 300
M-10-47
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14494**
Registrar's No. **4008**

FILED MAY 7 1948
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.....
(b) City or town..... **City of St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
(Specify whether years, months or days) **12 days**

3: (a) PRINT. FULL NAME **Alex Naumoff**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **none**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Janette Naumoff**
6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **February 18 1890**
(Month) (Day) (Year)

8. AGE: Years **58** Months **2** Days **10**
If less than one day hr. min.

9. Birthplace **Kosinec Macedonia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tavern Proprietor**
11. Industry or business **Self**

12. Name **Naum Terziowsky**
13. Birthplace **Kosinec Macedonia**
(City, town, or county) (State or foreign country)
14. Maiden name **Ivana Poplovocheff**
15. Birthplace **Kosinec Macedonia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Janette Naumoff**
(b) Address **Madison, Ill.**

17. (a) **Removal** (b) Date thereof **April 28, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Madison, Ill.**

18. (a) Signature of funeral director **John J. Sedlacek**
(b) Address **Madison**
19. (a) **APR 28 1948** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Madison**
(c) City or town **Madison**
(If outside city or town limits, write "RURAL")
(d) Street No. **823 Iowa St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **28**
year **1948** hour **12** minute **10** A. M.
21. I hereby certify that I attended the deceased from **16 April 1948** to **28 April 1948**
that I last saw him alive on **Apr 28 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple myeloma**
Duration **6 mo**

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) **55**

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?

(Specify type of place)
While at work..... (e) Means of injury.....
23. Signature **Robert W. Wadley** M. D. or other
Address **4500 Olive St. St. Louis** Date signed **Apr 28 1948**

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. Sedwick
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.