

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17750
4738

FILED JUN 7 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital,</u>		d. STREET ADDRESS (If rural, give location) <u>W.P. 1005 Piggott</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Anton</u>	b. (Middle) <u>Theodoroff</u>	c. (Last) <u>Theodoroff</u>	(Month) <u>May</u>	(Day) <u>29</u>	(Year) <u>1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, X <u>WIDOWER</u>	8. DATE OF BIRTH <u>Aug. 10, 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Theodoroff Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Bulgaria</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Fetca Theodoroff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. St. Louis</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, general, and cerebro</u>		
	ANTECEDENT CAUSES <u>arteriosclerosis</u>		
DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <u>Encephalomalasia</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4300</u>

22. I hereby certify that I attended the deceased from May 9, 1949, to May 29, 1949, that I last saw the deceased alive on May 29, 1949, and that death occurred at 8:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>H.R. Bradley</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>5/29/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <u>E. St. Louis Illinois</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. St. Louis, Ill</u>	
DATE REC'D BY LOCAL REG. <u>MAY 31 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

3162

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.