S. No. 300
v. 10.48

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

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39831

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04629

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuch (rural)
c. LENGTH OF STAY (in this place): 942 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
d. STREET ADDRESS (If rural, give location): 1315 Gimblin St

3. NAME OF DECEASED (Type or Print)
a. (First): ELIO
b. (Middle): S.
c. (Last): STOYNOFF (TAUSHANOFF)

4. DATE OF DEATH (Month) (Day) (Year): 12 - 6 - 49

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-15-1893
9. AGE (In years last birthday): 56 — If under 1 year: Months 10, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): GREECE
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ELIO SOYAN
13b. MOTHER'S MAIDEN NAME: Mula Popoyanova
14. NAME OF HUSBAND OR WIFE: Matilda Stoynoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Records of Robert Koch Hosp
ADDRESS: Koch Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary "Tuberculosis" — INTERVAL BETWEEN ONSET AND DEATH: 3 years?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9-, 1949, *to* 12-6-, 1949, *that I last saw the deceased alive on* 12-5-, 1949, *and that death occurred at* 7:02 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bernard Friedman (Degree or title): M.D.
23b. ADDRESS: Robert Koch Hosp
23c. DATE SIGNED: 12-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-9-49
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS Co., Mo.

DATE REC'D BY LOCAL REG.: 12-8-49
REGISTRAR'S SIGNATURE: Herbert R. Wonko M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: CALVIN F. FEUTZ
ADDRESS: 4828 NAT'L. BRIDGE BL.

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1962

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.