

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6155  
1199

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>11 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Livingston</b>		<b>8/20</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes</b>				d. STREET ADDRESS (If rural, give location) <b>---</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b>		b. (Middle) _____		c. (Last) <b>GVAZDOV</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 5 51</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 31, 1894</b>		9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coalminer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>mining</b>		11. BIRTHPLACE (State or foreign country) <b>Russia 6</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Vincent Gvazdov</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Gvazdov</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW I</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Julia Gvazdov, Livingston, Illinois</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b>  ANTECEDENT CAUSES Due to (b) <b>RENAL FAILURE</b> Due to (c) <b>CARDIOVASCULAR RENAL DISEASE</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>INOPERABLE CARCINOMA LUNG</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b> <b>4 DAYS</b> <b>4 DAYS</b> <b>UNDETERMINED</b>	
19a. DATE OF OPERATION <b>2/1/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>INOPERABLE CARCINOMA OF LUNG</b>				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HHH2XH</b>					
22. I hereby certify that I attended the deceased from <b>1/25</b> , 19 <b>51</b> , to <b>2/5</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>2/5</b> , 19 <b>51</b> , and that death occurred at <b>3:30p</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>F. R. Bradley D.H.D. M.D.</b>				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>2/5/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-6-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Livingston, Illinois</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>FEB 6 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Fackerell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington</b>					

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 2728

working under my personal supervision.

Student Embalmer No. ....

Signed

*Wm S. Salter*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.