

Health,
& Welfare
Public
Service

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38197
STATE FILE NUMBER
9672

FILED OCT 25 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		d. STREET ADDRESS (If outside, give location) 1002 Chesnut	
3. NAME OF DECEASED (Type or print) First Middle Last KOSTO (Koster) (Stephanoff) STEPANOFF		4. DATE OF DEATH Month Day Year OCT. 16, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-17-84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Baking Co.	11. BIRTHPLACE (City and state or country) Macedonia
13a. FATHER'S NAME Stephan Stephanoff		13b. MOTHER'S MAIDEN NAME Anna Sekulaff	14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-05-2592	17. INFORMANT Address Rev. Kiril Antonoff Granite City, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestine heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fibrous pericarditis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
I attended the deceased from TRIP 9/20/57 to 10/16/57 and last saw her alive on 10/16/57 Death occurred at 9:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) David L. Johnson, M.D.		21b. ADDRESS 1515 LAFAYETTE AVE.	21c. DATE SIGNED 10/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-16-57	23c. NAME OF CEMETERY OR CREMATORY St. John's	23d. LOCATION (City, town, or county) (State) Granite City, Ill.
24. FUNERAL DIRECTOR ADDRESS John L. Sedlack Madison, Ill.		25. DATE RECD. BY LOCAL REG. OCT 16 57	26. REGISTRAR'S SIGNATURE Paul Smith MO <i>ms</i>

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

Signature of Student Embalmer

Signed *John L. Sedlack*

Licensed Embalmer No. **3747**

P. O. Address **Madison, Illinois**

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.