

FILED VS AUG 24 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-030360
State File No. 2 7420
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 1744 Olive St.	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) _____ c. (Last) EFTIMOFF			4. DATE OF DEATH (Month) (Day) (Year) 8 6 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-23-1889	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 3 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Produce		11. BIRTHPLACE (City and State or Foreign Country) Resin, Yugoslavia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Aspacia Eftimoff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 333-03-7635A	17. INFORMANT'S SIGNATURE OR NAME Aspacia Eftimoff	ADDRESS 1744 Olive St. Granite City, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema		INTERVAL BETWEEN ONSET AND DEATH 5 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) 527.1		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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 _____
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22. I hereby certify that I attended the deceased from June, 1955, to present, 1959, that I last saw the deceased alive on 8-5-59, 1959, and that death occurred at 2:15A m., from the causes and on the date stated above.

23a. SIGNATURE Robert C. Kingland (Degree or title) _____	23b. ADDRESS 14 Forsyth Walk, Clayton 5, Mo.	23c. DATE SIGNED 8-7-59
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 8-10-59	24c. NAME OF CEMETERY OR CREMATORY Sumner Hill	24d. LOCATION (City, town, or county) (State) Granite City, Mo.
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DATE REC'D BY LOCAL REG. AUG 10 1959	REGISTRAR'S SIGNATURE Loan Smith, M.D.	25. CORONER'S SIGNATURE Leonard R. Davis	ADDRESS 21st + Clay, Granite City, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

09
7 I
3/30 8

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 Edward R. Davis
Licensed Embalmer No. 8375

P. O. Address 21st + Cleveland
Franklin City, Pa.

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.