

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100820391
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **5530**
 (c) City **St. Louis Mo.** (d) Street No. **2623a Rauschenbach Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Seraphim Efthim**

(a) Residence, No. **2623a Rauschenbach Ave** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Constantina Efthim**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 24-1883**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
54 5 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Watchmaker**
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Albania**

FATHER 13. NAME **Efthim**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Albania**

MOTHER 15. MAIDEN NAME **Christine Priest**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Contantina Efthim**
2623a Rauschenbach Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews** DATE **June 20-38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner U. Co.**
1417 N. Market St.

20. FILED **JUN 19 1938** **J. D. Budnik** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 1937**, 19**37**, to **June 17**, 19**38**

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at **11:45 a. m.**

The principal cause of death and related causes of importance were as follows:

Osteo-Carcinoma
Multiple, involving
st. clavicle + st. humerus
Primary seat unknown.

Date of onset

Other contributory causes of importance:

Chronic Cystitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify.....

(Signed) **John C. Brown**, M. D.(Address) **4518 Washington Ave.**

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed John P. Buckholz
Licensed Embalmer No. 1674

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, above space should be left blank.