. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32905
Registrar's No. 7856

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town ~~St. Louis~~ Goodenville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4749 Oldenburg Ave. N.R. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Costant J. GUDINAS
3. (b) If veteran, name war no
3. (c) Social Security No. 494-01-3646
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Gudinas
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased December 17, 1907 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	9	12	hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Vincent Gudinas
13. Birthplace Lithuania 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Bartinek
15. Birthplace Lithuania 1 (City, town, or county) (State or foreign country)
16. (a) Informant Ida Gudinas
(b) Address 4749 Oldenburg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2-41 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul
18. (a) Signature of funeral director Wm. C. Maydell
(b) Address 1926 Allen Ave.
19. (a) OCT 1 1941 (Date received local registrar) (b) J. L. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1941 hour 3 minute P M.
21. I hereby certify that I attended the deceased from July 30th 1941, to Sept 29 1941; that I last saw him alive on Sept 30 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Chr. Myocarditis
Due to Rheumatic heart disease
Other conditions Pleurisy
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature S. A. Magus (M. D. or other) MD
Address 3606 Gravois Date signed 9-30-41

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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