S. No. 2
M—2-43
5-17-39

FILED JUL 8 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19643

Registration District No. 318 — Primary Registration District No. 1008 — Registrar's No. 5918

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1.0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 721

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3542 Page Avenue.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Constantine Hadgis

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia Hadgis

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October (Month) 26 (Day) 1891 (Year)

8. AGE: Years 51 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

10. Usual occupation Restaurant owner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

16. (a) Informant Michael Hadgis
(b) Address 6336 Clayton Rd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUN 28 1943 (Date received local registrar) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1943 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Fracture of Skull Liquefaction of Area of Brain Left Temporal Lobe when he was struck with

Due to a piece of Iron pipe at the Hands of party or parties unknown

Due to in the alley in the rear of 1340 No Garrison ave about

Other conditions 1208 am June 20-1943
(Include pregnancy within 3 months of death)

Major findings:
Of operations 168
Of autopsy

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) Homicide
(b) Date of occurrence 6-20-43
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other)
Address Superior Coron Date signed 6/28/43

(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.....J. Allen Dennis Jr.....

Licensed Embalmer No.....4055.....

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, fact should be so stated above.