V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35147

FILED DEC 12 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10580

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Perryville R. 4.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Antolina Constantino
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased — (Month) — (Day) 1873 (Year)
8. AGE Years abt 72 Months — Days — If less than one day hr. min.
9. Birthplace Spain (City, town, or county) (State or foreign country)
10. Usual occupation Catholic Priest
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rev. Brenner
(b) Address St. Mary's Seminary Perryville Mo.
17. (a) Burial, cremation, or removal (b) Date thereof 12-4-1945 (Month) (Day) (Year)
(c) Place of burial Priest's Cemetery Perryville Mo.
18. (a) Signature of funeral director Rev. Funeral Home
(b) Address Perryville Mo.
19. (a) DEC 5 1945 (Date received local registrar) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1945 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from June 15, 1944 to Dec 2, 1945 that I last saw him alive on Dec. 2, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	6 days
Due to Chronic cardiovascular-renal disease	2 yrs
Due to Pernicious Anemia	6 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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
23. Signature O. D. Carron (M. D. or other)
Address Perryville Mo. Date signed 12-3-45

(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.....Albert Bey.....

Licensed Embalmer No.....3866.....

P. O. Address Perryville, Mo.

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.