

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18984

State File No.

4507

FILED JUN 13 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Christ Tunos

3. (b) If veteran, name war.

3. (c) Social Security No. 497-10-6665

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive years
7. Birth date of deceased About 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 61 hr. min.

9. Birthplace Albania
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Anton Tunos

13. Birthplace Albania
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Albania
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Christ

(b) Address 5704 Delor Street

17. (a) Burial (b) Date thereof 5-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew

18. (a) Signature of funeral director Wm E. Modell

(b) Address 1926 Allen Avenue

19. (a) MAY 20 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2517
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1721 Franklin Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1946 hour 4:45 minute A M.
21. I hereby certify that I attended the deceased from 4/29/46
to 5/17/46, 1946,
that I last saw him alive on 5/17/46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Duration

Due to

Due to

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?

While at work
23. Signature J. F. Bredeek (M. D. prothon)
Address 1425 Brattle Date signed

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.....

B. C. Duncan
.....
Licensed Embalmer No..... 2272

P. O. Address..... 1926 Allen Avenue

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.