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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41948
State File No. _____
Registrar's No. 3600

Registration District No. 317 Primary Registration District No. 6576

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9404-Everman Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21-Years (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Overland ^{1/3}
(If outside city or town limits, write "RURAL")

(d) Street No. 9404-Everman Avenue ¹
(If rural, give location) No ⁰

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas A. Constant

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1946 hour _____ minute _____ 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.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Margaret A

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. 18 1896
(Month) (Day) (Year)

Immediate cause of death strangulation by ligature ^{Duration}

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

~~XXXXXX~~

8. AGE: Years Months Days If less than one day

50 ³ 4 8 hr. _____ min.

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

10. Usual occupation Prop. Restaurer

11. Industry or business Restaurant

MOTHER FATHER

12. Name Thomas Constant ¹

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

14. Maiden name Mary Hedgis ⁶

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret A. Constant

(b) Address 9404-Everman Ave-Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-46
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Dec. 26, 1946.

(c) Where did injury occur? Overland, Mo.
(City or town) (County) (State)

(d) Did injury occur, in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)

Means of injury Strangulation ^{condition 3}

18. (a) Signature of funeral director B. B. ...

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 12-31-46 (Date received local registrar)

(b) Ruth J. Allen MD (Registrar's signature) ^{7/5}

23. Signature Arnold J. Wellmann (M. D. or other) ³

Address Clayton, Mo Date signed 12/26/46

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 Harold K. Braun

Licensed Embalmer No. 4337

P. O. Address Owensboro, 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.