

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1947  
318  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2941

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 910

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:  
802 No. Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... 30 Years years, months or days)

3. (a) PRINT FULL NAME John Nicozisin  
3. (b) If veteran, name war..... 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..... Kostanto 6. (c) Age of husband or wife if alive..... 49 years  
7. Birth date of deceased..... March 19 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 10 6 hr. min.

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

10. Usual occupation Resturant

11. Industry or business.....

12. Name Christ Nicozisin

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

14. Maiden name Mary Makos

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

16. (a) Informant James Nicozisin

(b) Address 5255 Maffitt

17. (a) Burial (b) Date thereof Jan. 29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director P. M. ... + Sons

(b) Address 1156 N. Kingshighway

19. (a) JAN 27 1947 (Date received local registrar) J. J. Bradeak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boo  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5035 Vernon Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 25  
year 1947 hour 6 minute 30 P M.  
21. I hereby certify that I attended the deceased from Jan 20 to Jan 25, 1947  
that I last saw h. i alive on Jan 22, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
acute dilatation of heart  
Due to Chronic VAD of heart done 5 70

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) NO  
(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?..... (Specify type of place)  
(c) Means of injury.....

23. Signature Martin F. Kouri (M. D. —)  
Address Metropolitan Bldg Date signed 10/29/47

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

**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 *Anthony J. Miceli*  
Licensed Embalmer No. *4277*  
P. O. Address *St Louis*

**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.**