

No. 300
1-10-47
5-17-39
1-1-3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34381**
Registrar's No. **9282**

FILED NOV 12 1948 **318**
Registration District No. **1003**

Primary Registration District No. _____

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

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:
2120 Ann Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 35 years, months or days (Specify whether)

3: (a) PRINT FULL NAME Anthony Kudis

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, ~~Married~~ XXXXXX

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 1st 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>26</u>	hr. <u>0</u> min.

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

10. Usual occupation Laborer

11. Industry or business Bellefontain Cemetery

12. Name Anthony Kudis

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

14. Maiden name Domicile Subert

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

16. (a) Informant John Kudis

(b) Address St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/1948
(Month) (Day) (Year)

(c) Place: burial or cremation resurrection Cemetery

18. (a) Signature of funeral director John Kudis

(b) Address East St. Louis, Illinois

19. (a) OCT 27 1948 (Date received local registrar) (b) J. B. Lassiter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2120 Ann Avenue
23- (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th
year 1948 hour 6 minute 30 a. m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion

Due to Coronary Sclerosis

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____ (Specify type of place)

(e) Means of injury Car

23. Signature J. B. Lassiter (M. D. or other) 10/27/1948

Address 300 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.....

Not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Joseph J. Gandy

Licensed Embalmer No. *Ill. 7541*

P. O. Address. *East St. Louis, Ill.*

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.