

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35020

FILED NOV 5 1949

State File No. _____
 Registrar's No. 9232

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		d. STREET ADDRESS (If rural, give location) 6142 Suburban Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) CHRIST		b. (Middle) CONSTANDIN	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1892.
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	11. BIRTHPLACE (State or foreign country) Korch, Albania.
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ? Constandin		13b. MOTHER'S MAIDEN NAME Don't Know	
14. NAME OF HUSBAND OR WIFE Sanda Constandin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes #1	
16. SOCIAL SECURITY NO. 498-03-6728		17. INFORMANT'S SIGNATURE OR NAME Sanda Constandin, 6142 Suburban Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	
21f. HOW DID INJURY OCCUR? H. 200		22. I hereby certify that I attended the deceased from Jan 1, 1948, to Oct 26, 1949, that I last saw the deceased alive on Oct. 27, 1949, and that death occurred at 2.00 A.M. from the causes and on the date stated above.	
23a. SIGNATURE Donald E. Fisher (Degree or title) M.D.		23b. ADDRESS 3121 N. Grand	
23c. DATE SIGNED 10/27/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 29/49		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.	
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. OCT 27 1949		REGISTRAR'S SIGNATURE J B Foster	
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 125 Hodiamont Ave.,	

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.H. Kiker,
3121 N. Grand Blvd.,
LU.6900 10-12 or 2-4 P.M.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Alfred J. Bodeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.