

STANDARD CERTIFICATE OF DEATH

11473

State File No. ....

FILED MAR 18 1953

318

1003

Registrar's No. 2020

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 2020		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2179				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Anthony's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3009a Shenandoah Av</u>						
3. NAME OF DECEASED (Type or Print) <u>Nicholas</u>			a. (First)		b. (Middle)		c. (Last) <u>Dimetre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15 1890.</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoes International</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Albania</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		
13a. FATHER'S NAME <u>Lewis Dimetre</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Amelia</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amelia Dimetre 3009a Shenandoah Av</u>						
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma Liver</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Primary site unknown</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <u>2-2-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enteric liver filled with carcinoma - also testes</u>						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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1562</u>						
22. I hereby certify that I attended the deceased from <u>2-1-53</u> , 19____, to <u>2-20-53</u> , 19____, that I last saw the deceased alive on <u>2-19-53</u> , 19____, and that death occurred at <u>2-22</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Robert W. Reynolds MD</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>405 University Club Bldg</u>		23c. DATE SIGNED <u>2-21-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Matthews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>					
DATE REC'D BY LOCAL REG. <u>FEB 21 1953</u>		REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moydell Funeral Home 1926 Allen Av</u>					

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

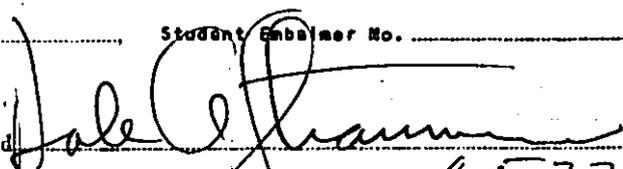
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

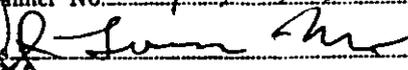


Student Embalmer No. ....

Licensed Embalmer No. ....

4533

P. O. Address .....



**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.