

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29740

State File No.

FILED AUG 20 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7207

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. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3325 Shenandoah Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First) b. (Middle) (Antsiu) c. (Last) ANDRE		4. DATE OF DEATH (Month) (Day) (Year) July, 21, 1953	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March, ? 1890	9. AGE (in years last birthday) 63	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Albania	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Andonia Andre		13b. MOTHER'S MAIDEN NAME Alexandra ?	
14. NAME OF HUSBAND OR WIFE Thelma Andre		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W. W. I. 493-07-4352	
17. INFORMANT'S SIGNATURE OR NAME Thelma Andre		ADDRESS 3325 Shenandoah			
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) <i>Gunshot wound of skull and brain self inflicted at his house about 7:30 pm July 21 1953</i> DUE TO (b) <i>at his house about 7:30 pm July 21 1953</i> DUE TO (c) <i>7:30 pm July 21 1953</i> 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 <i>Suicide</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 21 53 7:30</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E976X</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8:00 P. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick E. Taylor, M.D.</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7-24-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/25/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		DATE REC'D BY LOCAL REG. <i>III 24 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith mo</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <i>CHULICK UND. CO. 1722 S. Jefferson</i>			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ronald K. Yalucka*

Licensed Embalmer No. *3917*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.