

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10222

1003

State File No.

2702

BIRTH NO. FILED APR 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY 2107	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		e. STREET ADDRESS (If rural, give location) 10 4153a Lexington Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Angeline		c. (Last) Londoff	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 24, 1954.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1932
9. AGE (In years last birthday) 21		10. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Hagiparis	
13b. MOTHER'S MAIDEN NAME Sula Gregory		14. NAME OF HUSBAND OR WIFE George Londoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geroge Londoff, 4153a Lexington 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sum of Brain and spinal degeneration</i>		
ANTECEDENT CAUSES		DUE TO (b) <i>Spargioketone</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 March 22, 1954	19b. MAJOR FINDINGS OF OPERATION <i>Same</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 193X
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?

22. I hereby certify that I attended the deceased from 3/16/54, 19, to 3/24/54, 19, that I last saw the deceased alive on 3/23/54, 19, and that death occurred at 6:30AM, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Name or title)	23b. ADDRESS 4952 Maryland Avenue	23c. DATE SIGNED 3/24/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-27-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAR 24 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
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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 *Elton R. Remelina*.....

Licensed Embalmer No. *428*

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.