

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

43886

State File No. 11615

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11615

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11615			
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) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				2239	
c. LENGTH OF STAY (in this place)				d. STREET ADDRESS (If rural, give location) 2255 A. Shenandoah Ave., 23				0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2255 A. Shenandoah Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Mike			b. (Middle)			c. (Last) Nostis			
4. DATE OF DEATH 12--19--1954			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			8. DATE OF BIRTH 5--15--1890			9. AGE (In years last birthday) 64		# UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Hogan Hinge Co			11. BIRTHPLACE (State or foreign country) Albania		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Mike Nostis			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Angela Dimitri-3009A Shenandoah 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						
			DUE TO (c)						
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						
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)			
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? 4221			
22. I hereby certify that I attended the deceased from April, 1949, to 12/17, 1954, that I last saw the deceased alive on 12/17, 1954, and that death occurred at 9 a. m., from the causes and on the date stated above.									
23a. SIGNATURE Chas. O. Moydel						23b. ADDRESS 3102 South Grand		23c. DATE SIGNED 12/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 12-23-1954		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE REC'D BY LOCAL REG. DEC 21 1954			REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home-1926 Allen Ave			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Reinhold H. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 4 MO

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.