

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032402

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8343** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH FILED AUG 31 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5323 Sutherland Avenue.		d. STREET ADDRESS (If outside, give location) 5323 Sutherland Avenue.	Inside Limits Reside on Farm
3. NAME OF DECEASED (Type or print) First Middle Last Theodosios Dubis			4. DATE OF DEATH Month Day Year August 24, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/22/1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bus Boy		10b. KIND OF BUSINESS OR INDUSTRY Hotels	9. AGE (last birthday) 74
11. BIRTHPLACE (City and state or country) Albania		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Constantinos Dubis		13b. MOTHER'S MAIDEN NAME Maria Zaris	14. NAME OF HUSBAND OR WIFE Efthalis Dubis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		17. INFORMANT Constantinos Dubis, 5416 Murdock Street.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disease of Coronary Arteries DUE TO (b) Arteriosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) My hypertension			INTERVAL BETWEEN ONSET AND DEATH 1yr + 1yr +
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8/24/62 to 8/24/62 and last saw him live on 8/4/62 Death occurred at 8/27/62 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert P. Smith		22b. ADDRESS 5203 Chappenz	
22c. DATE SIGNED 8/25/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/27/62	
23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.,		25. DATE RECD. BY LOCAL REG. AUG 27 1962	
26. REGISTRAR'S SIGNATURE Roan Smith, M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

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2/4/62

STATE OF MISSOURI

embalmer

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 Es W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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