REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 17095

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 4956

(c) City ..... (d) Street No. 4633 Moraine Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred / ✓ yrs. mos. ds. (f) How long in U. S., if of foreign birth? / ✓ yrs. mos. ds.

2. PRINT FULL NAME Constantine Gregory 631

(a) Residence, No. 4633 Moraine Ave. St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Toma Gregory

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1853

7. AGE: About 85 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albania

FATHER
13. NAME Demitri Kopane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albania

MOTHER
15. MAIDEN NAME Helena Marco.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albania

17. INFORMANT (ADDRESS) John Moscow Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew DATE May 31. 1938

19. FUNERAL DIRECTOR (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED MAY 30 1938 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to May 29, 1938
I last saw her alive on May 26 1938 Death is said to have occurred on the date stated above, at 6.15 m A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gall Bladder & Liver	Dec 1937
Primary seat in gall bladder	
46E	

Other contributory causes of importance:
Arterio sclerosis (General) ?
Myocarditis (Chronic) ?

Name of operation Drainage Gall Bladder Date of Dec 1937
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Robert Gwarner (WARNER), M. D.
(Address) 1115 Paul Brown Bld St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Robert G. Warner
Chestnut 4747
1115 Land Brown Bldg.

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)