

S. No. 2  
M-5-42  
7-5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

32498

FILED OCT 21 1942 318

8263

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3938 Cote Brilliant Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Constantina Tolcou

3. (b) If veteran, name war.....  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife.....  
Vasil Tolcou  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....  
May Unknown 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 5 ? hr. min.

9. Birthplace Unknown Albania  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name George Latsoy  
13. Birthplace Unknown Albania  
(City, town, or county) (State or foreign country)

14. Maiden name Naranza Bettieria  
15. Birthplace Unknown Albania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Liogas  
(b) Address 3938 Cote Brilliant

17. (a) Burial (b) Date thereof: 10-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc  
(b) Address 4700 Washington Blvd.

19. (a) OCT 6 1942 J. J. Prudeak  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3938 Cote Brilliante  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Albania

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Acute Myocarditis 2 days

Due to..... Carcinoma of colon 1 1/2 yrs.

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work?..... (a) Means of injury.....

23. Signature A. J. Shelton (M. D. or other) M.D.  
Address 7030 Virginia Date signed 10-3-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

8263

8263

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Walter S Burnley*

Licensed Embalmer No.

4202

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