

No. 308
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 28269
Registrar's No. 6929

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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 Theodore Theodosadis
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marika Theodosadis
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased July 24 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Greece
(City, town, or county) (State or foreign country).
10. Usual occupation Restaurant Owner

11. Industry or business _____
12. Name Constantine Theodosadis
13. Birthplace Greece
(City, town, or county) (State or foreign country)
14. Maiden name Xanthi Sotirios
15. Birthplace Greece
(City, town, or county) (State or foreign country)

16. (a) Informant Marika Theodosadis
(b) Address 3648 So. Compton Ave.
17. (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or reinterment) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 6 - 1948 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 16 3648 S. Compton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 5
year 1948 hour 1 minute 40 A.M.
21. I hereby certify that I attended the deceased from July 15 to July 15, 1948
that I last saw him alive on Aug 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis - acute
Due to _____
Due to _____
Other conditions Chronic Cholecystitis 2 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy none
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 19
23. Signature Edgar W. Davis (M. D. or other) _____
Address 3805 S. Grandway Date signed Aug 5, 1948

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.