. No. 300
1—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28270 ~~7163~~

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dou

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3400 Marcus Ave. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Theodore Theodosis

3. (b) If veteran, name war None

3. (c) Social Security No. 490-22-8893

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Theodosis

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 15 (Day) ~~1887~~ 1889 (Year)

8. AGE: Years 59 ~~61~~ | Months 1 | Days 28 | If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Greece (State or foreign country)

10. Usual occupation Hat Cleaner

11. Industry or business _____

12. Name Unknown

13. Birthplace _____ (City, town, or county) Greece (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ (City, town, or county) Greece (State or foreign country)

16. (a) Informant Dominick T. Theodosis

(b) Address 3400 Marcus Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/48 (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 15 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1948 hour 6 minute 37 A.M.

21. I hereby certify that I attended the deceased from Aug 4, 1948 _____, 19__ to Aug 13 _____, 19 48 that I last saw him alive on Aug 12 _____, 19 48; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Bacterial

Duration

Due to Perforated Duodenal ulcer

Due to _____

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

Major findings: Of operations Perforation of Posterior wall of Duodenum

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? _____ (e) Means of injury _____

23. Signature N. E. Sterzer M.D. (M. D. or other)

Address 724 N. Kingshighway Date signed 8/13/48

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 7163

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Theodore Theodosia, died/born 8-13-48, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read 6-15-1889
Instead of 1887
Item No. 8 should read age 59
Instead of 61
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Witnessed by
Nick Cardinale
5077 Beacon Ave.

Affiant Dominick T. Marx
Relationship. Lis. Inf. Theodosia

3400 Marcus
Present Address.

Subscribed and sworn to before me this 7 day of Sept., 1948.

My Commission expires 3-4-49. Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m;V. S. 135
M—8-43
I X37817

28270