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.

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

Do not use this space.

MAR 12 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8569

Township ..... Primary Registration District No. 1003 Registered No. 2273

City St. Louis (No. City Hosp #1 St. ..... Ward)

#18165

2. FULL NAME Van Gounis

(a) Residence, No. 1747 St. Mississippi Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1889

7. AGE YEARS 46 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, 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) Greece

FATHER

13. NAME Geo. Gounis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER

15. MAIDEN NAME Georgia Gounis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Hosp Ins Co Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE 2-29 1936

19. UNDERTAKER (ADDRESS) N. C. Maydell 1926 Allen Av

20. FILED FEB 29 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/36 19

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1936 to 2/27/36 19

I last saw him alive on 2/27, 1936 Death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

Peripheral (NEURITIS) Neuritis Etiology undetermined

Date of onset

Other contributory causes of importance: ~~Post~~

870

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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) Hyman H. Fingert, M. D.

(Address) City Hosp #1