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.

REC'D APR 11 1938

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

9125
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2714
(c) City St. Louis (d) Street No. City Hospital o.1 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.
C. 16968

2. PRINT FULL NAME Andrew Bolosis 422
(a) Residence, No. 1623 Dolman St. 23
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1873
7. AGE 64 YEARS MONTHS 8 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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 Jim Bolosis ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece ?

MOTHER
15. MAIDEN NAME Sophia ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Hosp. Info M.Kent
18. BURIAL, CREMATION, OR REMOVAL Cem 3/22
PLACE St. Matthews DATE 1938
19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Buhl 445 Washington Bl
20. FILED MAR 21 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/17/38, 19, to 3/20/38, 19
I last saw him alive on 3/20/38, 19 Death is said to have occurred on the date stated above, at 5.45 ma
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene Left Leg	
Diabetis Mellitus	

Other contributory causes of importance:

Name of operation Mid thigh Amputation Date of 3/19/38
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Jim Johnson, M. D.
(Address) City Hospital o.1

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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 John Ketter

Licensed Embalmer No. 3880

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