

REC'D APR 12 1939

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

731  
1003

8295  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St Louis mo.  
(e) Length of residence in city or town where death occurred yrs. mos. da.

Registration District No. ....  
Primary Registration District No. .... Registered No. **2060**  
(d) Street No. Mo Baptist Hosp. St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 56<sup>th</sup> Baby Tanurichis St. 19 St Louis  
(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 39

7. AGE YEARS 2 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby  
9. Industry or business in which work was done, as 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) St Louis (STATE OR COUNTRY) mo

FATHER 13. NAME Nicholas Tanurichis

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

MOTHER 15. MAIDEN NAME Pellina Patsoo

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

17. INFORMANT Nicholas Tanurichis (ADDRESS) St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE Mar 3 39

19. FUNERAL DIRECTOR (NAME) Walter S. Hopp (ADDRESS) 4100 Washington

20. FILED J. P. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1939, to 3-2-1939  
I last saw him alive on 3-1-1939. Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:

Prematurity  
15 11

Date of onset 3/1/39

Other contributory causes of importance: .....  
Name of operation None Date of .....  
What test confirmed diagnosis? Chinul Was there an autopsy? Yes

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 Nicholas S. Vitale, M. D.  
(Signed) 3861 Adams Ave.  
(Address) .....

MAR 3 1939

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.

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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..... *J. G. Sullivan* .....

Licensed Embalmer No..... *1122* .....

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, above space should be left blank.**