34472

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791 1002 Primary Registration District No. Registrar's No. 9010

1. PLACE OF DEATH:

(a) County St.Louis. Mo.

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

(c) Name of hospital or institution: 4020 Shaw Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 42 Years. years, months or days)

REC'D NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St.Louis. (If outside city or town limits, write "RURAL") 17

(d) Street No. 4020 Shaw Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 42 Years. years.

3. (a) PRINT FULL NAME Thomas Elias. 42

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Elias

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

7. Birth date of deceased About 1878 (Month) (Day) (Year)

8. AGE: Years About 61 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Elias Elias
13. Birthplace Syria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Syria (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Elias

(b) Address 4020 Shaw Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 /39 (Month) (Day) (Year)

(c) Place: burial or cremation S.S.Peter & Paul

18. (a) Signature of funeral director Thos. Kutis

(b) Address 2906 Gravois Ave.

19. (a) OCT 23 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1939 hour 8 00AM minute M.

21. I hereby certify that I attended the deceased from May 6, 1939, to Oct 21, 1939; that I last saw him alive on Oct 19, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	1 yr
Due to	
Due to Arterio Sclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 E. P. Reddy (M. D. or other)

Address Univ Clut Bldg Date signed 10/23/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 THOS. KUTIS., Registered Apprentice No. ....., working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.