No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4420

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1250

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital #1 (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

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

(d) Street No. 4229 Shenandoah Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Nick Pitliangas

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lita

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct. (Month) 25 (Day) 1888 (Year)

8. AGE: Years 51 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Restaurant Owner

FATHER 12. Name Anthony Pitliangas

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Lita Pitliangas

(b) Address 4229 Shenandoah Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation St.Matthews Cem.

18. (a) Signature of funeral director Albert H.Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 7 1940 (Date received local registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1940 hour 7:15 minute A. M.

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

Immediate cause of death — Duration

Cerebral Haemorrhage (Apoplexy)

Contrib: Chronic Endocarditis;

Due to Chronic Interstitial Nephritis;

Due to

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 [illegible] (M. D. or other)

Address [illegible] Date signed 2.7.40

(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 Albert E. Stoppe

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.