

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23795

State File No. _____

FILED AUG 28 1941 91

1003

Registrar's No. 6137

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution Enroute City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

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. 1000 Cass Ave.
(If rural, give location)

(e) Not Attending Physician
(If attending, give name and how long in U. S. A.)

3. (a) PRINT FULL NAME ANDREW CHASOURIS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 10:30 minute 9 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased About 1899
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

ABOUT 42 Yrs.

Coronary Sclerosis
Cardiac Hypertrophy
Chronic Interstitial Nephritis

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Cook

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy 131

16. (a) Informant George Fandos

(b) Address 814 Market St.

17. (a) Burial (b) Date thereof 7/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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? _____

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

(b) Address 4700 Washington Ave.

19. (a) JUL 28 1941 (b) J. W. Brudek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature Thomas F. Callins (M. D. or other) _____
Address Deputy Coroner Date signed 7/29/41

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

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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..... *Walter H. Burnley*

Licensed Embalmer No..... *4202*

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, fact should be so stated above.