S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33577

Registrar's No. 9039

1. PLACE OF DEATH:
(a) County NONE
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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 MO. (b) County NONE
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 201 S. BROADWAY
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANGELO STELESON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased About (Month) 1889 ? (Day) (Year)

8. AGE: Years 54? Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Restuarant Owner

11. Industry or business

FATHER
12. Name George Steleson
13. Birthplace Unavailable (City, town, or county) Greece (State or foreign country)

MOTHER
14. Maiden name Sofia Mavrakis
15. Birthplace Unavailable (City, town, or county) Greece (State or foreign country)

16. (a) Informant Harry Steleson
(b) Address 201 South Broadway Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) OCT 13 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 11 year 1943 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from SEPT. 26 1943 to OCT. 11 1943; that I last saw him alive on OCT. 11 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Dermato-myositis — 7 mos.
Due to
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 Melvin L. Goldman (M. D.)
Address BARNES HOSPITAL Date signed

(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.....

Licensed Embalmer No.....

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.