

FILED DEC 13 1943
318

1003

Registrar's No. 10574

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(c) 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 _____
121 Shenandoah 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 _____
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. 727 Shenandoah Ave.,
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT NAME Athanas Samara (Peter Frank)

MEDICAL CERTIFICATION

3. (b) If veteran, name war. No 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Nov. day 29
year 1943 hour 9 minute P. M.

4. Sex Male 5. Color of Race Wht.

21. I hereby certify that I attended the deceased from at 5:30 m
11-29-43 to 9 PM 11-29-43
that I last saw him alive on 11-28-43, 19____
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Thomithas Samara 6. (c) Age of husband or wife if alive 57 years

Immediate cause of death Cardiac Deletation Duration _____

7. Birth date of deceased: Unknown about 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	63	Unknown	Unknown	_____ hr. _____ min.

Due to Lobar Pneumonia
R. Lower Lobe
Due to _____

9. Birthplace: Albania /
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: _____
Of operations _____

11. Industry or business _____

12. Name Dytrimitry Samara

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

14. Maiden name Unknown

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

Of autopsy _____

16. (a) Informant Pete Dimitri

(b) Address 3008 Shenandoah

17. (a) Burial (b) Date thereof 12/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews

18. (a) Signature of funeral director Wm G. Moydell
1926 Allen Ave.

(b) Address _____

19. (a) DEC 2 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature J. F. Taylor (M. D. or other) _____
Address 576 N Taylor Date signed 12-1-43

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

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 me

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

Signed Wm. C. Moyzell

..... Licensed Embalmer No. 1467

..... 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.