

FILED MAR 6 1944 18

Primary Registration District No. **1003**

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

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:  
**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 **17**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **925**  
(d) Street No. **106 N. 12th St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Constantinos Zeppos**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **26**  
year **1944** hour **4:30** minute **P.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

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 1896**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**Chronic Endocarditis**  
**Coronary Occlusion**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years **About 48** Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **Unknown** **Greece** **6**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Dishwasher**  
11. Industry or business **Restaurant**

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?  
\_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown** **Unknown** **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** **Unknown** **9**  
(City, town, or county) (State or foreign country)

Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Nick Avouris**  
(b) Address **6545a Clayton**  
17. (a) **Burial** (b) Date thereof **2-29-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Matthews Cemetery**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **SEP 28 1944** (b) **J. F. Madala**  
(Date received local registrar) (Registrar's signature)

23. Signature **Thomas F. Callahan** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **2-28-44**  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (b) Means of injury **9**

**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 *John Agonostki*.....

Licensed Embalmer No. *3398*.....

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.**