

FILED AUG 31 1948

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6643

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:
St. Louis 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. 2355 S. Compton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Sotir Vassel

(b) If veteran, name war. N11

(c) Social Security No. 493-10-0307

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Helen Vassel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. About 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 66 hr. min.

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

10. Usual occupation. Dishwasher

11. Industry or business. Maryland Cafeteria

12. Name. Unknown

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

14. Maiden name. Unknown

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

16. (a) Informant. Thimio Nicola

(b) Address. 2355 S. Compton Ave.

17. (a) Burial (b) Date thereof. 7-25-48
(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) J. J. Bredack
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1946 hour 9 minute 048 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.

Immediate cause of death:
Chronic glomerulonephritis
Chronic hyperostosis
Myocardial infarction
Due to _____
Due to _____

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Bluck E. Taylor (M.D. or other) _____
Address Dep. Coroner Date signed 7/29/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

223

2001

8099

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 *Henry M Brammer*

Licensed Embalmer No. *4200*

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.