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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28585**

FILED SEP 3 1946

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's 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:
3225 No. Florissant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **7376**

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sem Demus

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

4. Sex M 5. Color or race W.

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 August 15th 1864
(Month) (Day) (Year)

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

82	0	8	hr. _____ min.
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9. Birthplace Greece 6
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

MOTHER FATHER { 12. Name Speer Demus 1

13. Birthplace Greece 6
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Stabrieos

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

16. (a) Informant Sister Jeanne

(b) Address 3225 No. Florissant Ave.

17. (a) Burial 8-26-46
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Bernard H. Stolle

(b) Address 3840 Fairbelle Blvd

19. (a) AUG 26 1946 (b) _____
(Date received local registrar) (Registrar's denature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd
year 1946 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 23, 1946, to August 23, 1946
that I last saw him alive on August 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 9??
Duration

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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) None

(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)

Signature Bernard H. Stolle 0
(M. D. or other)

Address 9302 S. 15th Bury St Date signed 8-24-46

Licensed Embalmer's Statement on Reverse Side)

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

Signed W H Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.