No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14829

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4302

WRITE PLAINLY—USING 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: Lutheran Hosp. O
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3126a Texas Av. 9
24 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gregory John Zervas

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male O

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 18 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 9 Days 18 If less than one day hr. min.

9. Birthplace St. Louis O
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Zervas
13. Birthplace St Louis Mo. O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Mae Voss
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Zervas
(b) Address 3126a Texas Av.

17. (a) Burial (b) Date thereof 5-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pk. Cem

18. (a) Signature of funeral director Witt Bros. L & N. Co
(b) Address 2929 S. Jefferson Av.

19. (a) MAY 7 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 6 minute 00 p. M.

21. I hereby certify that I attended the deceased from May 6, 19..., to May 6, 1948;
that I last saw him alive on May 6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions (cause undetermined)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 R. Berg (M. D. or other)

Address 2253 Nebraska Date signed 5/7/48

Jefferson City Printing Co. (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. D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 So Jefferson a

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.