

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9628**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2258**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2149</b>		d. STREET ADDRESS (If rural, give location) <b>5318 Nottingham Avenue.</b>	
3. NAME OF DECEASED (Type or Print) <b>Spiros Antonopoulos</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>March 10, 1952</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct 1885?</b>		9. AGE (In years last birthday) <b>66?</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chef</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Gregory Achia, Greece</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Anagnost Antonopoulos</b>		13b. MOTHER'S MAIDEN NAME <b>Diamondo Spiropoulos</b>	
14. NAME OF HUSBAND OR WIFE <b>Penelope Antonopoulos</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Michael Antonopoulos, 5351a Murdock</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 mo</b> ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NOT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>152X</b>		22. I hereby certify that I attended the deceased from <b>Nov. 23, 1951</b> , to <b>Feb. 23, 1952</b> , that I last saw the deceased alive on <b>2-23, 1952</b> , and that death occurred at <b>2 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Bert N Klein</b>		23b. ADDRESS <b>2637 S. LOUISIANA</b>		23c. DATE SIGNED <b>3/10/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe-4700 Washington Blvd</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>WAR 10 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe-4700 Washington Blvd</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John S. Pennek*

Licensed Embalmer No. *4199*

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.