

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18531

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4450**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) D.O.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239	
d. STREET ADDRESS 23 2655^A ST. VINCENT		4. DATE OF DEATH (Month) (Day) (Year) MAY-12-52	
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOS b. (Middle) SE c. (Last) SEDARIS		4. DATE OF DEATH (Month) (Day) (Year) MAY-12-52	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH JUNE-15-1887 64 YRS
9. AGE (In years last birthday) 64 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (State or foreign country) GREECE
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CITY WATER DEPT	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME PETER SEDARIS		13b. MOTHER'S MAIDEN NAME ELAINE UNKNOWN	14. NAME OF HUSBAND OR WIFE SARAH SEDARIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Sedaris 2655^A St Vincent
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) Cerebral Apoplexy ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Chronic Nephrosclerotic Kidneys II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis, Cardiac enlargement	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 442X			
22. I hereby certify that I attended the deceased from Oct 5, 1951 to May 12, 1952 , that I last saw the deceased alive on May 10, 1952 and that death occurred at 3:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Leroy E. Ellison MD		23b. ADDRESS 3610 50 Broadway, St. Louis	
23c. DATE SIGNED MAY 13 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY-15-52	
24c. NAME OF CEMETERY OR CREMATORY College Hill Cemetery		24d. LOCATION (City, town, or county) (State) Lebanon Illinois	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 13 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette	

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

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Joseph B. Holman*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.