

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37491**
Registrar's No. **9822**

FILED **OCT 23 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3mo. 3days	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Infirmary			e. STREET ADDRESS (If rural, give location) 25 523a Market St. 2259		
3. NAME OF DECEASED (Type or Print) a. (First) Niball (Mike)		b. (Middle)	c. (Last) Paschos		4. DATE OF DEATH (Month) (Day) (Year) October 13, 1953.
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 30, 1891.	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Greece, Dragoumanou		12. CITIZEN OF WHAT COUNTRY? Greece
13a. FATHER'S NAME Leonitas Paschos		13b. MOTHER'S MAIDEN NAME Bamagiosta ????		14. NAME OF HUSBAND OR WIFE None.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil		16. SOCIAL SECURITY NO. 492-07-1652	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Christ Paschos, 5256a Delmar.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrosclerotic Damage.		
			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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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? 4200		
22. I hereby certify that I attended the deceased from July 10, 1953 , to Oct. 13, 1953 , that I last saw the deceased alive on Oct. 13, 1953 , and that death occurred at 5:00 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Palmer Louise Bowditch M.D.			23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 10-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-16-53	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 14 1953		REGISTRAR'S SIGNATURE Albert H. Hoppa	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppa 4700 Washington.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—ON EACH 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.....
Signature of Student Embalmer

Signed..... *John J. Haines*.....
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed; fact should be so stated above.