

FILED APR 26 1954 STANDARD CERTIFICATE OF DEATH

State File No. 14497

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 830

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. John		c. CITY OR TOWN St. John 420/1	
c. LENGTH OF STAY (In this place) 5 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2819 Endicott Avenue		e. STREET ADDRESS (If rural, give location) 2819 Endicott Avenue	

3. NAME OF DECEASED (Type or Print) Louis Dinos		a. (First) b. (Middle) c. (Last) Dano		4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 19, 1890		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurer		10b. KIND OF BUSINESS OR INDUSTRY Restuarant.		11. BIRTHPLACE (City and State or Foreign Country) Athens, Greece	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Louis Dinos		13b. MOTHER'S MAIDEN NAME Theresa Dinos		14. NAME OF HUSBAND OR WIFE Violet Dano	
--------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 495-36-9636		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Violet Dano 2819-Endicott Ave.	
--	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism		ANTECEDENT CAUSES		10 years	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Myocardial Degeneration		10 years	
		DUE TO (c) Chronic Nephritis		15 years	
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Mellitus			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 410X	
------------------------	--	----------------------------------	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 9/18 19 50, to 3/29 19 54, that I last saw the deceased alive on 3/29, 19 54, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Am. Assoc. M.D.</i>		23b. ADDRESS 2416 24 Grand		23c. DATE SIGNED 3/31/54	
---	--	----------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-1-1954		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park	
				24d. LOCATION (City, town, or county) (State) Wellston, Mo.	

DATE REC'D BY LOCAL REG. 4/1/54		REGISTRAR'S SIGNATURE <i>Hector B. Am... M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2504-Woodson Rd-Overland, Mo.	
---------------------------------	--	---	--	--	--

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.....
Signature of Student Embalmer

Signed *David E. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Overland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.