

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28740

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6169

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE Missouri b. COUNTY St. Louis   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY OR TOWN Richmond Heights  |  |
| c. LENGTH OF STAY (in this place) 12 hrs.  |  | d. In 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 DG Paul Hospital                               |  | e. STREET ADDRESS (If rural, give location) 7524 Ethel avenue   |  |

|                                     |                 |             |                      |  |
|-------------------------------------|-----------------|-------------|----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) NICK | b. (Middle) | c. (Last) ALEXANDRES | 4. DATE OF DEATH (Month) (Day) (Year) 7-2-54 |
|-------------------------------------|-----------------|-------------|----------------------|--|

|             |                        |   |                            |                                    |                             |                            |
|-------------|------------------------|---|----------------------------|------------------------------------|-----------------------------|----------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH 8-14-1889 | 9. AGE (In years last birthday) 64 | 10 UNDER 1 YEAR Months Days | 11 UNDER 1 MIN. Hours Min. |
|-------------|------------------------|---|----------------------------|------------------------------------|-----------------------------|----------------------------|

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK | 10b. KIND OF BUSINESS OR INDUSTRY restaurant | 11. BIRTHPLACE (City and State or Foreign Country) Turkey | 12. CITIZEN OF WHAT COUNTRY? Turkey |
|--|--|---|-------------------------------------|

|                                      |                                   |                                  |
|--------------------------------------|-----------------------------------|----------------------------------|
| 13a. FATHER'S NAME George Alexandres | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE none |
|--------------------------------------|-----------------------------------|----------------------------------|

|  |                                  |   |
|--|----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY # 94-09-2588 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Alexandres, 7524 Ethel |
|--|----------------------------------|---|

|   |  |                                     |   |  |
|---|--|-------------------------------------|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |                                     | INTERVAL BETWEEN ONSET AND DEATH<br>2 1/2 yrs<br>2 yrs<br>1 day |  |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central vascular disease  | DUE TO (b) Arteriosclerosis General |   |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) Central accident |                                     |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331x |
|--|--|---------------------------------|

22. I hereby certify that I attended the deceased from 2/16, 1953, to 7-2-1954, that I last saw the deceased alive on 7-2-1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

|   |                               |                         |
|---|-------------------------------|-------------------------|
| 23a. SIGNATURE (Degree or title) Harry Oberich M.D. | 23b. ADDRESS 5633 G Knighthwy | 23c. DATE SIGNED 7/6/54 |
|---|-------------------------------|-------------------------|

|  |                  |   |  |
|--|------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-6-54 | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|--|------------------|---|--|

|                                     |  |  |
|-------------------------------------|--|--|
| DATE REC'D BY LOCAL REG IIII 8 1954 | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker, 4104 Manchester |
|-------------------------------------|--|--|

m. J. B. (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.....  
Signature of Student Embalmer

Signed.....  
*J. Allen Davis Jr.*

Licensed Embalmer No.....

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