

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No.

13763

FILED APR 27 1955

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3016

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>17 DA.</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u> 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 <u>ST. LOUIS CITY HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>747 MARSHALL AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETE</u>		b. (Middle)		c. (Last) <u>PASSAS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1955</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAR. 9, 1893</u>		9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PADREZ, GREECE</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>WM. PASSAS</u>		13b. MOTHER'S MAIDEN NAME <u>UN KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE ZAWADIL PASSAS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>497-10-4493</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Passas 501 Marshall Ave.</u>	
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) <u>Carcinoma of stomach</u>  ANTECEDENT CAUSES Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u>
19a. DATE OF OPERATION <u>27 JAN 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach with extensive metastasis</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>151X</u>	
22. I hereby certify that I attended the deceased from <u>3-21-55</u> , 19 <u>55</u> , to <u>4-2-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-2-55</u> , 19 <u>55</u> , and that death occurred at <u>11:15A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Harvey R. Bernard</u>			23b. ADDRESS <u>M.D. 1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>4-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KIRK WOOD MO.</u>					
DATE REC'D BY LOCAL REG. <u>APR 4 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mitchell Funeral Home, Inc. 13 W. Lombard Webster</u>	

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

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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. *430*.....

P. O. Address *St. Louis*.....

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.