

FILED AUG 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28522

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1888

1. PLACE OF DEATH a. COUNTY SAINT 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) OR TOWN Normandy		c. CITY OR TOWN Pine Lawn	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		e. STREET ADDRESS (If rural, give location) 3801 Manola Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) David	c. (Last) Chouris	4. DATE OF DEATH (Month) (Day) (Year) Aug. 11 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 23, 1952	9. AGE (In years last birthday) 3 yrs.	10. MONTHS	11. DAYS	12. HRS.	13. MINS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Chouris	13b. MOTHER'S MAIDEN NAME Maude Haggin	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. George Chouris	ADDRESS 3801 Manola Ave. 20
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive hemorrhage when the right jugular vein was severed after he fell on a milk bottle, breaking it, playing in the yard at his home.		INTERVAL BETWEEN ONSET AND DEATH while
	2. 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 E9130	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pine Lawn 100 St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/11/55 7:30P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on milk bottle he was carrying which broke when he was bumped by another child
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22. I hereby certify that I attended the deceased from **1955**, and that death occurred on **8/14 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Willmann, Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 8/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 8/13/55	REGISTRAR'S SIGNATURE Herbert B. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE W. CLVIN F. FEUTZ	ADDRESS 4828 NAT'L BRIDGE 20
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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 *John A. McLean*

Licensed Embalmer No. *418*

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.