

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3127

State File No. 242
Registrar's No. 1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 242		Registrar's No. 1003	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D. O. A. DePaul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5812 Natural Bridge.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) _____		c. (Last) <u>Zikos</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan -7-1956</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>Sept 26 1895</u>		9. AGE (in years last birthday) <u>60</u>	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) <u>Restaurant owner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Greece</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		7	
13a. FATHER'S NAME <u>Zol Zikos</u>		13b. MOTHER'S MAIDEN NAME <u>Basilika unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Dimitro Zikos</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dimitro Zikos 5812 Natural Bridge</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion.</u> <u>Coronary Sclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive & arteriosclerotic</u> DUE TO (c) <u>Cardiovascular Disease</u> 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>Sudden</u>	
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) <u>420.1</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>9/15</u> , 19 <u>53</u> , to <u>1/9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/20</u> , 19 <u>55</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert A. Bauer M.D.</u>				23b. ADDRESS <u>3731 Goodfellow</u>				23c. DATE SIGNED <u>1/9/56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 10, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 9 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miceli 1150 No. Kingshighway</u>					

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
Student Embalmer

Signed *John S. Denneker*

Licensed Embalmer No. *4194*

P. O. Address *St. Louis mo*

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 this body is not embalmed, fact should be so stated above.