

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39204

State File No. 39204

FILED NOV 28 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9933

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9933			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		c. CITY OR TOWN <u>St. Louis</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>Hamilton Convalescent Home</u>				e. STREET ADDRESS (If rural, give location) <u>1610 3543 Halliday</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Badunnis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 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>Oct 1 1868</u>		9. AGE (In years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pyrgas Ellis Greece</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Dionysius Badunnis</u>			13b. MOTHER'S MAIDEN NAME <u>Dont. Know</u>			14. NAME OF HUSBAND OR WIFE <u>Polexeni Kotsonis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Pelican 3543 Halliday</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying such as heart failure, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
		II. ANTECEDENT CAUSES <i>Horrid conditions, rising rise to the grave, stating the underlying cause last.</i> DUE TO (b) <u>Fracture neck of femur lt.</u>						<u>18 days</u>	
		DUE TO (c) <u>Generalized Arteriosclerosis</u>							
		III. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E902.7</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on highway) <u>HAMILTON Convalescent Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>ST. LOUIS</u>		(COUNTY) <u>MO.</u>		(STATE) <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall from nurse's room to floor and fractured neck of lt. femur</u>					
22. I hereby certify that I attended the deceased from _____, 19 <u>56</u> , to <u>10/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/29/56</u> , 19____, and that death occurred at <u>9:15 A.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John D. Plesous M.D.</u>				23b. ADDRESS <u>3632 Bates St.</u>				23c. DATE SIGNED <u>10/31/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 2 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mathews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>OCT 31 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bros 2201 S. Grand Blvd</u>				

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

Dr. John D. Plesons

3632 Bates St.

Pl 2 7810

10 to 12

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..... *W E Morris*

Licensed Embalmer No. *336*
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.