THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

STATE FILE NUMBER 29156

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7338

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4756 Westminster — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4756 Westminster — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: John Middle: Last: Alevras
4. DATE OF DEATH: Month: August Day: 3 Year: 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: About 1887
9. AGE (In years last birthday): 70?
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): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (City and state or country): Peparitsa Messinia, Greece
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Elias Alevras
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-12-7327
17. INFORMANT: John Venardos, 712 N.Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: ½ HR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY SCLEROSIS — 5 YRS
DUE TO (c) SENILE ARTEROISCLEROSIS (GENERAL) — 10 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.1
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July, 18, 1957 to Aug. 3, 1957 and last saw her/him alive on Aug. 1, 1957
Death occurred at 9 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James H. Cummings (Degree or title) M.D.
22b. ADDRESS: 424 N Euclid Av
22c. DATE SIGNED: 8-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-7-57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Manchester, Ky.
24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: AUG 6 57
26. REGISTRAR'S SIGNATURE: Earl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Melvin L. Kemp

Licensed Embalmer No. 4.0

P. O. Address ~~3~~ 491

Washing

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.