. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC 11713031 SL14701

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34120
STATE FILE NUMBER

FILED SEP 26 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8332

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA Hospital — Length of stay in Ib 2 days

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) 5720 Chamberlain — Reside on Far Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Leo Middle A. Last Sgouros

4. DATE OF DEATH Month 9 Day 3 Year 57

5. SEX male
6. COLOR OR RACE white
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-31-19
9. AGE (In years last birthday) 38
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) Bartender
10b. KIND OF BUSINESS OR INDUSTRY Tavern
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Sgouros
14. MOTHER'S MAIDEN NAME Catherine Kalegereoulos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 494074175
17. INFORMANT Address VAH, ST. LOUIS, MO.

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) UREMIA — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) URETERAL OBSTRUCTION — 3 MONTHS
DUE TO (c) CARCINOMA OF RECTUM — 18 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 154X
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NONE
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 9-1-57 to 9-3-57 and last saw him alive on 9-3-57
Death occurred 3:25 p m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE J. T. Kaminskas (Degree or title) MD.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 9-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-6-57
23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe
ADDRESS 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. SEP 5 57
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address St. Lou

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