

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020327  
STATE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1356

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1-57  
2)

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Breckenridge Hills</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hospital</b>		Length of stay in lb DOA	d. STREET ADDRESS (If outside, give location) <b>3209 Rex</b>
3. NAME OF DECEASED (Type or print) First <b>Trefilia</b> Middle <b>Alex</b> Last <b>Alex</b>			4. DATE OF DEATH Month <b>May</b> Day <b>18,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 25, 1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years last birthday) <b>63</b>
11. BIRTHPLACE (City and state or country) <b>Messinia, Greece.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Greece</b>	IF UNDER 1 YEAR Months Days Hours Min.
13a. FATHER'S NAME <b>Paul Salamboros</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. Alex</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Hills</b> <b>Anna Shell, 3321 Rex, Breckenridge</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>non-compensating mitral stenosis</i> DUE TO (b) <i>Rheumatic fever</i> DUE TO (c) <i>410X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Ch. nephritis, Ch. portal obstruction, period pedema!</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i> <i>history 15 yrs</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <i>11/10 1936</i> and last saw her alive on <i>5/14/58</i> Death occurred at <i>5/30 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. H. Mullikin</i> (Degree or title) <i>Dr. D.</i>		22b. ADDRESS <i>2608 S. Kingshighway</i>	
22c. DATE SIGNED <i>5/19/58</i>			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>BURIAL</b>		23b. DATE <b>5-21-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>		25. DATE RECD. BY LOCAL REG. <b>5-20-58</b>	
ADDRESS <b>4700 Washington, Blvd.</b>		26. REGISTRAR'S SIGNATURE <i>Wesley P. Danke M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms with asterisks. All diseases in Part I must be causally related.

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 *J. W. Wilkerson* .....

Licensed Embalmer No. *3575* .....

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.