

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023330
STATE FILE NUMBER

FILED JUL 1 1959 Registration District No. Primary Registration District No. Registrar No. 5742

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 5132a Delmar
3. NAME OF DECEASED (Type or print) First Middle Last Antonios Rizos			4. DATE OF DEATH Month Day Year June 15, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH About 1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Busboy		10b. KIND OF BUSINESS OR INDUSTRY Motel Restaurant	11. BIRTHPLACE (City and state or country) Sopiki, Albania
12. CITIZEN OF WHAT COUNTRY? Albania		13. FATHER'S NAME Athanasios Rizos	
13b. MOTHER'S MAIDEN NAME Elenie Tsampas		14. NAME OF HUSBAND OR WIFE Costantos	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Gust Themes, 2334 Tower Grove
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral middle fossa skull fractures with extensive meningeal and cerebral hemorrhage with pontine hemorrhage.</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Stuffed when sitting with head of one George Georges, sitting in front of about 717 N. Kingshighway Blvd. of about 12:45 am June 13th, 1959.</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to immediate cause (a), (b), or (c). <i>Guaranteed homicide</i>			
20a. TIME OF INJURY Hour Month, Day, Year 12:45 - 6 13 59		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street St. Louis Mo	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ 310 A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick J. Taylor Carouel 3		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6-16-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-17-59	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. DATE REC'D. BY LOCAL REG. JUN 16 '59	26. REGISTRAR'S SIGNATURE M.D. Smith, M.D.

Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Melvin L. Kemper*

Licensed Embalmer No. *405-2*

P. O. Address *Washington 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.