

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16529

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. St. Johns Hosp.) St. Ward)

File No.....
 Registered No. **4422**

2. FULL NAME

(a) Residence. No. 4255 W. Pine St. 19 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred ° yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 41 | — | — | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) Hass Lieber Grocer. Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greece
 (STATE OR COUNTRY)

10. NAME OF FATHER John Chronos

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greece
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT C. Cassimatis
 (Address) 710 Pine St.

15. FILED MAY 11 1927 Max G. Starosoff
 REGISTAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1927

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1927, to May 8, 1927 that I last saw h. l. v. m. alive on May 7, 1927, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute suppurative appendicitis
121 B
111 H 117 B
 CONTRIBUTORY acute embolism in lungs
 (SECONDARY) (duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 5th May
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms
 (Signed) W. P. Glennon, M. D.

May 9, 1927 (Address) Buckingham Hotel
 State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mathews Cem DATE OF BURIAL May 11 1927

20. UNDERTAKER Winkler and Co ADDRESS Delmar Bl.

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

