

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

Do not use this space.

38658

**1. PLACE OF DEATH**

County.....

Registration District No.....

701  
1003

Township.....

Primary Registration District No.....

City..... *St. Louis* (No. ....)

*Waconia Hosp.*

File No.....

Registered No.....

11284

St. ....

Ward)

**2. FULL NAME**

*Anastasia Koutsoukos*

(a) Residence. No. *119 South 6th* St., *25* Ward.

(Usual place of abode) Length of residence in city or town where death occurred *26* 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)**

*Married*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

*Kaliops*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*Unknown*

**7. AGE**

*about 54*

**YEARS**

**MONTHS**

**DAYS**

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*Merchant*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Dry Goods*

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Greece*

**10. NAME OF FATHER**

*John Koutsoukos*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Greece*

**12. MAIDEN NAME OF MOTHER**

*Donk Knox*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Greece*

**14.**

INFORMANT

*Anastasia Koutsoukos*

(Address)

*119 South 6th*

**15.**

FILED

*7 20 1928*

*W. E. Stanley*

REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Nov. 16<sup>th</sup> 1928*

**17.**

I HEREBY CERTIFY, That I attended deceased from *January 14*, 1927, to *Nov 16*, 1928, that I last saw h.l.m. alive on *Nov 16*, 1928, and that death occurred, on the date stated above, at *9 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Terminal Broncho-Pneumonia*

*50* (duration) yrs. mos. *5* da.

**CONTRIBUTORY (SECONDARY)**

*Metastatic Cancer of right Breast* (duration) yrs. mos. da.  
*Chronic Pyelonephritis*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... *No* DATE OF.....

WAS THERE AN AUTOPSY?..... *No*

WHAT TEST CONFIRMED DIAGNOSIS?..... *Microscopical - histology*

(Signed)..... *Lawrence A. McDonald*, M. D.

, 19 (Address) *634 North Grand Boulevard*

\*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**

**DATE OF BURIAL**

*St Matthews*

*Nov 14 1928*

**20. UNDERTAKER**

**ADDRESS**

*J. J. Murrallo, Son*

*Market St*

WRITE PLAINLY, 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.

