

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

Do not use this space.

18037

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Mo. Baptist Hospital) St. Ward)

File No.....
Registered No. 5007

2. FULL NAME

(a) Residence, No. Warden Ill. St. 12 Ward Warden Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece 11

FATHER 13. NAME Thomas Karanitas 1

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Miss Papas
(ADDRESS) 1018 90th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem DATE May 25, 1932

19. UNDERTAKER H. Rindskopf
(ADDRESS) 5206 Delmar

20. FILED MAY 21 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to May 22, 1932.
I last saw him alive on May 22, 1932. Death is said to have occurred on the date stated above, at 9:35 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart Date of onset 5/22/32

118 c
95 b D
Other contributory causes of importance: Pyloric Stenosis (Almost complete obstruction of Pylorus of Stomach - cauch?) 3-bed been causing for long time

Name of operation Partial gastrectomy Date of 5/14/32

What test confirmed diagnosis? X-ray & Spec. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) H. W. Rosenstaine, M. D.
(Address) Wall Bldg. St. Louis, Mo.

Handwritten text, possibly a signature or name, located at the top of the page.