

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

Do not use this space.

21014

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 700
City St. Louis (No. St. Johns Hosp.)

File No.....
Registered No. 5515
St..... Ward)

2. FULL NAME

(a) Residence, No. 5188 Enright St. 12 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8, 1931</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>10</u>
		<u>1</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Mo.</u>		
FATHER	13. NAME <u>Pete Cassimatis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greece</u>	
MOTHER	15. MAIDEN NAME <u>Helen Kontolion</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greece</u>	
17. INFORMANT (ADDRESS) <u>Pete Cassimatis</u> <u>5188 Enright av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mathews</u> DATE <u>June 10, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Muller and Co.</u> <u>6165 N. Delaware Blvd.</u>		
20. FILED <u>10 15 32</u> <u>Kelly C. Vassler</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1932

22. I HEREBY CERTIFY, that I attended deceased from June 9, 1932, to June 9, 1932
I last saw him alive on June 9, 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cardiac Failure
15715 15710
Date of onset

Other contributory causes of importance:
Operation, Delayed post op - cerebral shock

Name of operation Cleft palate Date of June 8, 1932
What test confirmed diagnosis? 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?
If so, specify Thoster G. Pelly, M. D.
(Signed) Thoster G. Pelly
(Address) 7346 Manchester
Maplewood, Mo.

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

