

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

Do not use this space.

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1. PLACE OF DEATH

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

File No.
Registered No. 1918

2. FULL NAME

George Cassimatis

(a) Residence, No. 4316 Forest PK St. 19 Ward. (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 Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Aneta</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/11/78</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>-</u>	DAYS <u>12</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>Cook</u>	12. Total time (years) spent in this occupation
	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)	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-1933

I HEREBY CERTIFY, That I attended deceased from 2-21- 1933, to 2-23- 1933

I last saw him alive on 2-23- 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Complete Obstruction of the Bowels due to post-operative adhesions due to former operation for nephritic abscess cause unknown

Other contributory causes of importance:
Chronic pyelo-nephritis

Operation for Bowel Obstruction
Name of operation Date of 2/23/33

What test confirmed diagnosis? operation 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) O. O. Smith M. D.
(Address) 536 N. Taylor

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

MOTHER FATHER

13. NAME Amirneal Cassimatis

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 (ADDRESS) R. G. Poligo 4316 Forest PK

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE 2/25/33

19. UNDERTAKER (ADDRESS) Sam Miller 4159 Maple St

20. FILED 753 21 1533 Registrar.

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.

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