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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 21302

Township ..... Primary Registration District No. ..... Registered No. 5085

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Catherine Souris

(a) Residence, No. Southwest + Manchester Ave. Ward. 4 Maplewood Mo.
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1880

7. AGE: About 52 YEARS; 7 MONTHS; DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Greece

FATHER

13. NAME George Sougianis

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

MOTHER

15. MAIDEN NAME Anne Souris

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

17. INFORMANT Iris Souris
(ADDRESS) Forest + Manchester

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew's Cem. DATE June 10, 1933

19. UNDERTAKER Croghan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED JUN 10 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 8, 1933

I last saw him alive on June 8, 1933. Death is said to have occurred on the date stated above, at 8:45 P.m.

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

	Date of onset
Acute Dilitation of Heart	1 hr
60	

Other contributory causes of importance:

Old Goiter one side

Name of operation Lyster Sept. Used

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) Jesse J. Smith, M. D.

(Address) 8020 Rosa

6/9/33

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD