

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

Do not use this space.

6472

791

File No. _____
Registered No. **1310**
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. 17982)

Registration District No. _____
Primary Registration District No. **1003**

2. FULL NAME

(a) Residence, No. 1253 Franklin St. Ward 25
(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 M 4. COLOR OR RACE W 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) unk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 44

8. Trade, profession, or particular kind of work done, as aptner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

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

13. NAME Gri Sakias

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Blair J. P. King (ADDRESS) City St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martin DATE Feb 7 1934

19. UNDERTAKER (ADDRESS) Wm. Muller

20. FILED Feb 19 1934 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1934 to 2/2 1934

I last saw him alive on 2/2 1934. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Lobar pneumonia Date of onset _____

Other contributory causes of importance: 100 108

Name of operation _____ Date of _____

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) Blair J. P. King, M. D.

(Address) City St. Louis

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.

