

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.

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

Do not use this space.

MAY 13 1935

14660

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. **791**
Primary Registration District No. **1003**
(No. 3634 , Wyoming St.

File No.....
Registered No. **3496**
St. Ward)

2. FULL NAME Maria A. Corfiatis

(a) Residence, No. 3634 Wyoming St., St., 16 Ward.

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

(CORFIATIS)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	74	8	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) Sameria

FATHER 13. NAME Pete Leontsinis

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Pete Corfiatis
(ADDRESS) 3634 Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews Cem. DATE April 18 1935

19. UNDERTAKER Mullen Bros Mortuary
(ADDRESS) 4259 Lindell Blvd.

20. FILED APR 17 1935
J. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935, to April 16, 1935
I last saw her alive on April 16, 1935. Death is said to have occurred on the date stated above, at 6 pm.
The principal cause of death and related causes of importance were as follows:

Chronic myocardial infarction
934
Date of onset

Other contributory causes of importance:

General aneurysm
Name of operation in 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 in
(Signed) J. Bredek, M. D.
(Address) St. Louis

Je 6784