

JUL 14 1936

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

Do not use this space.

791

24591

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, (No. City Hospital # 1) St. .... Ward.....

2. FULL NAME Harry Anastas

(a) Residence, No. 3218 Copelin St., 17 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Anastas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 4 1

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

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

13. NAME Dimza Anastas

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT Theo. Anastas  
(ADDRESS) 3218 Copelin Avenue

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Matthews Cem DATE June 18, 1936

19. UNDERTAKER Weick Bros.  
(ADDRESS) 2201 So. Grand Blvd.

20. FILED JUN 18 1936 J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1936

22. I HEREBY CERTIFY That I attended deceased from ..... 19....., to ..... 19.....

I last saw him ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 8:45 A.m.

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

Gunshot wound of abdomen  
general peritonitis, gangrene  
following gunshot wound  
at hands of Marie Morrison of  
2123 1/2 Maury about 9:00 A.M. 6/15/36

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes..

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 6/15/1936

Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gunshot

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.  
If so, specify.....

(Signed) Harold C. Clug, M.D.  
(Address) Duff

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.

