

AUG 18 1936

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.....

Township.....

Primary Registration District No.....

City St. Louis, Missouri

City Hospital No. 1

B. 5915

Marie Fourthis

791

1003

229092

File No.....

Registered No. 7867

St. - - - - - Ward)

2. FULL NAME

(a) Residence, No. 14 south 16th Street 25

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

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

Spino

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

Sept 24, 1875

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

60

60

10

-

OCCUPATION

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

hwk

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

at home

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Greece

13. NAME

nick Pareshos

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

Greece

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT Hosp. Info. W.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthew's DATE July 27, 1936

19. UNDERTAKER
(ADDRESS)Miller Bros
4257 Lindbergh Blvd
St. Louis

20. FILED

JUL 24 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/24/36 19

22. I HEREBY CERTIFY, That I attended deceased from

7/17/36, 19, to 7/24/36, 19

I last saw h. her on 7/24/36, 19. Death is said

to have occurred on the date stated above, at 7:30 A

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

Acute pyelocystitis

Date of onset

Other contributory causes of importance:

Degenerative heart
disease

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) Geo. J. Seibol, M. D.

(Address) City Hospital No. 1

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.

