

MAR 26 1937

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

Do not use this space.

8915

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis Mo. (No. 1105 Louisville) St. 1 Ward) 2753

2. FULL NAME

(a) Residence, No. 1105 Louisville St. 1 Ward. (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 Lily

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1 1888

7. AGE YEARS 48 MONTHS 5 DAYS 8 IF LESS than 1 day, ..... hrs. or ..... min.

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

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

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) Adatia Turkey

13. NAME Constantine Mazarakis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown 31

15. MAIDEN NAME ? Unknown 31

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

17. INFORMANT (ADDRESS) Mr. A. P. Riley 715 S. Lomenelle

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE March 10 1937

19. UNDERTAKER (ADDRESS) Miller Bros 4259 Kempfer Ave

20. FILED (ADDRESS) J. B. Bledsoe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7 1937 to March 8 1937

I last saw him alive on March 8 1937 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Angina pectoris  
Chorea myocardiaca

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 ..... 10

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) W. S. Kautsky, M. D.  
(Address) 1905 S. Broadway

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.

MAR 10 1937

