

JAN 10 1938

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

Do not use this space.

43272

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No.) City Sanitarium St. Ward) **18**

File No.
Registered No. **11522**

2. FULL NAME **Angelo Lekometros**

(a) Residence, No. **4552 a Chouteau Ave.** St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Angeloline Lekometros**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-15-87**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 28

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

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

10. Date deceased last worked at this occupation (month and year) **May 1935** 11. Total time (years) spent in this occupation. **10 4**

12. BIRTHPLACE (CITY OR TOWN) **Unknown** 11
(STATE OR COUNTRY) **Greece**

13. NAME **Christ Lekometros**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** 11
(STATE OR COUNTRY) **Greece**

15. MAIDEN NAME **Angeline**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** 11
(STATE OR COUNTRY) **Greece**

17. INFORMANT **W. H. Moore, M.D.**
(ADDRESS) **5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Ch. DATE Dec 16 37**

19. UNDERTAKER **Million Bros**
(ADDRESS) **#259 Grandell St**

20. FILE **DEC 15 1937** **St. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-13-37** 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-36** 19..... to **12-13-37** 19.....

I last saw him alive on **12-13-37** 19..... Death is said to have occurred on the date stated above, at **8:10 P.M.**

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

Lobar -pneumonia (Right lower lobe) Date of onset **12-10-37**

Other contributory causes of importance:
Carcinoma Lung (Bronchogenic Origin) 11-17-37x

Cellelitis upper lip and face 12-16-37

Name of operation **General paralysis of Ins** Date of
What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), and 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) **W. H. Moore, M.D.**
(Address) **5400 Arsenal St.**

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.

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