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.

REC'D JUN 12 1939

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

17135
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City St. Louis
Registration District No.
Primary Registration District No.
Registered No. 4669
(d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? 28 yrs. — mos. — ds.
E. 887

2. PRINT FULL NAME 3-5 George Stasinopoulos
(a) Residence, No. 608 Elm St. 25
(Usual place of abode, if no street address, write county or city) (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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1873
7. AGE YEARS 65 MONTHS 8 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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

FATHER
13. NAME Gerogo Stasinopoulos
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER
15. MAIDEN NAME /Catherine Marginti
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Hosp. Info M.Kent
18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis, Ill. DATE May 23, 1939
19. FUNERAL DIRECTOR (NAME) John Kassly (ADDRESS) East St. Louis, Ill.
20. FILED MAY 23 1939 J. F. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/0/39, 19 to 5/19/39, 19
I last saw him alive on 5/19/39, 19 Death is said to have occurred on the date stated above, at 4.55 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary TBC

Date of onset

Other contributory causes of importance:

Syphilis

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) Jos. L. Lucido, M. D.
(Address) City Hospital No.1t

(Licensed Embalmer's Statement on Reverse Side)

Em blank will be signed C

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.