

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12394

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 587

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town WWM  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7204 Cornelia Str.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Kondriotis

8. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeanette Kondriotis 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 17, 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Greece (City, town, or county) (State or foreign country) 7

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Greece (City, town, or county) (State or foreign country) 7

14. Maiden name Unknown

15. Birthplace Greece (City, town, or county) (State or foreign country) 7

16. (a) Informant Mrs Jeanette Kondriotis

(b) Address 7204 Cornelia St.

17. (a) Burial (b) Date thereof 3/28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 216 1/2 East Fair Ave

19. (a) MAR 25 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Emballer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1940 hour 4:45 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 10 days

Due to \_\_\_\_\_ 94%

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James David M. Day M.D. or other \_\_\_\_\_  
Address St. Louis Co. Hosp. Date signed 3/27/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6  
2  
2

**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

*Samuel Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, Mo.*

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

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