

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23528

State File No. _____

Registrar's No. 5973

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1 /
 (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 22yrs.
 years, months or days

3. (a) PRINT FULL NAME Louis Ximitiris 5263. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Jan. 2 1917
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
23 6 13 hr. _____ min.9. Birthplace New York
(City, town, or county) (State or foreign country)10. Usual occupation Unemployed

11. Industry or business _____

12. Name Louis Ximitiris Sr.13. Birthplace Greece 7
(City, town, or county) (State or foreign country)14. Maiden name Bessie Janocis15. Birthplace Greece 7
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Bessie Ximitiris(b) Address 2711 Howard St.17. (a) Burial (b) Date thereof 7-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cemetery18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) JUL 16 1940 (b) J. F. Bredeck
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limit, write "RURAL")
 (d) Street No. 2711 Howard St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. No _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15,
year 1940 hour 6:50 minute _____ A. M.21. I hereby certify that I attended the deceased from July
10, 1940 to July 15, 1940;
that I last saw him alive on July 15, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death:
11-67 Idiopathic Epilepsy Duration 15 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Walter Ford (M. D. (or other) _____)Address 1515 Lafayette Date signed 7/15/40

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

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.....

.....
working under my personal supervision.

Harold Burnley, Registered Apprentice No. *1*

Signed *Albert G. Hopper*

Licensed Embalmer No. *2971*

P. O. Address.....

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.