

NOV 16 1940
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Aristotelis Menas Coukoulis

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Panagiotitis 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Sept. 23 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 13 ..hr.min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name James Coukoulis

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

14. Maiden name Penelope Unknown

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

16. (a) Informant Penelope Strousser

(b) Address 4532a Gibson Ave.

17. (a) Removal (b) Date thereof 10/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 8 1940 (b) [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 4532a Gibson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1940 hour 7 minute 30 A.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 Pulmonary Thrombosis

following operation for incarcerated

hernia of sigmoid Colon Area.

which the deceased was struck

and knocked down by a street-

car at 12th and Franklin Ave.

fracturing the right humerus

about 8:05 O'clock P.M., Sept.

14, 1940, induced

the strangulation the strangulation

of which death should be

determined

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Operations 14, 1940, induced

the strangulation the strangulation

of which death should be

determined

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

(a) Accident, suicide, or homicide (specify) open Verdict

(b) Date of occurrence Sept 14 1940

(c) Where did injury occur? St. Louis (City or town) (County) (State)

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

Public Place

(Specify type of place)

While at work Yes (f) Means of injury Street Car

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 10/8/40

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. 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, fact should be so stated above.