

No. 2
-1-4-41
5-17-39
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FILED JUN 25 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16874

791

Registration District No.

Primary Registration District No.

Registrar's No. 4392

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:
4158 McRee Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4158 McRee Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1941 hour 12 minute 55 P.M.
21. I hereby certify that I attended the deceased from Feb 15 1941
to May 24 1941
that I last saw him alive on Apr 25 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Naoum Stamco

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Johanna Stamco 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 74 ? Months Days If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business.....

12. Name unknown Stamco-Karantza

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

14. Maiden name unknown

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

16. (a) Informant Arthur Stamco

(b) Address 4158 McRee Ave.

17. (a) Burial (b) Date thereof May 26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 26 1941 (b) J. T. Medvek
(Date received local registrar) (Registrar's signature)

Immediate cause of death cerebral hemorrhage Duration 2 days
Due to cerebral hemorrhage Chr. Hypertension 2 year
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

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 A. M. Frank (M. D. or other) [Signature]
Address 3651 Grandway Date signed 5/26/41

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

Dr. Frank

3651 Delaware

1 Rm 230 Rm

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 Nancy Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.