

No. 2
-1-4-41
-17-39
X26330

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

36167

FILED OCT 23 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784

Primary Registration District No. 700

Registrar's No. 2028

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community 31 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 364 Rutger
(If rural give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ATHANAS JOSEPH

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 26 1941 to Oct 2 1941
that I last saw him alive on Oct 2 1941
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rucille Joseph nee Anderson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept 24 1889
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Duration 5 years plus

8. AGE: Years 52 Months 0 Days 9
If less than one day . hr. min.

Due to 3/4/1

Due to

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

10. Usual occupation Restaurant Keeper

11. Industry or business (Retired)

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Joseph Marticospaylas

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

14. Maiden name Parisheni

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

Major findings: Of operations

Of autopsy arterio Sclerosis Pulm. Tuberculosis

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Athanasia Joseph

(b) Address 364 Rutger

17. (a) Burial (b) Date thereof 10-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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?

18. (a) Signature of funeral director Robert H. Hagen

(b) Address 4700 Vandeventer Av.

19. (a) OCT 4 - 1941 (b) Robert H. Hagen
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (a) Means of injury 1

23. Signature Frank Cohen (M. D. or other) MD
Address Robert Koch Hosp Date signed Oct 3/41

70 (Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. W. M. Bensley*
Licensed Embalmer No. *3652*
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, fact should be so stated above.