

Registration District No. **1791**

Primary Registration District No. **1003**

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

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:
Lutheran 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 **John Kontoleon**

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**
7. Birth date of deceased **May 21 1881**
(Month) (Day) (Year)

8. AGE: Years **60** Months **9** Days **7** If less than one day hr. min.

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

10. Usual occupation **Restaurant Owner**

11. Industry or business _____

12. Name **Pete Kontoleon**

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

14. Maiden name **Gloria Panoretos**

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

16. (a) Informant **Sophia Kontoleon**

(b) Address **5869a Washington Ave.**

17. (a) **Burial** (b) Date thereof **3-2-42**
(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) **MAD** (b) **J. F. Breck**
(Date received local registrar) (Registrar's signature)

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. **5869a Washington Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28**
year **1942** hour _____ minute **39** M.

21. I hereby certify that I attended the deceased from **out door**
19 **Feb** to **Feb 28** 19 **42**
that I last saw **alive** on **Feb 27** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration **5 hrs**
Causes of gall bladder

Due to **metastatic carcinoma**

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

Major findings: **Impaired bones of gall bladder**
Of operations _____
Of autopsy _____

PHYSICIAN _____
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 or and** (M. D. or other) _____
Address **3651 Grandview** Date signed **2/24/42**

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. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington*

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.