

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

LED MAY 12 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12309

State File No. 4145

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
1316 Aubert 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

3. (a) PRINT FULL NAME Anastasia James

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

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

6. (b) Name of husband or wife. Dimitras James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Unknown 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 80 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown Spiros

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 Thomas James

(b) Address 5053 Minerva

17. (a) Burial (b) Date thereof 5/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 4700 Washington Blvd.

19. (a) MAY 4 1943 J. J. Budek
(Date received local registrar's certificate) (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. 1316 Aubert Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1943 hour 7 45 minute P M.

21. I hereby certify that I attended the deceased from Jan 1940
to April 30, 1943
that I last saw him 4 alive on 4-30-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arterio Sclerosis

Due to _____

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 Arthur J. Koon (M. D. or other) _____
Address Missouri Date signed 5-1-43

1745

1745

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.....

Henry H. Brammer
Licensed Embalmer No. *4200*

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.