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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12407**  
Registrar's No. **3646**

FILED APR 28 1943 818  
Registration District No. **1003**

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, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (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. 510 Elm St (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Kurlis (Vasilios Keourkiouillis)  
(b) If veteran, name war \*\*\*\*\*  
(c) Social Security No. \*\*\*\*\*

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 17,  
year 1943 hour 1:45 minute A. M.  
21. I hereby certify that I attended the deceased from April  
14, 1943, to April 17, 1943  
that I last saw him alive on April 17, 1943  
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, Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
About 47 hr. min.  
9. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
10. Usual occupation Proprietor  
11. Industry or business Tavern

12. Name Manuel Keourkiouillis  
13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Anastasia Iristostoni  
15. Birthplace Italy 1  
(City, town, or county) (State or foreign country)

Immediate cause of death Myocardial infarct  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy.....

MOTHER FATHER {  
16. (a) Informant Louis Mike  
(b) Address Louisville Ohio  
17. (a) Burial (Burial, cremation, or removal) St. Matthews Cemetery  
(b) Date thereof April 20 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation.....  
18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave  
19. (a) APR 19 1943 (Date received local registrar) J. F. Breeseck (Registrar's signature)

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) (c) Means of injury.....  
23. Signature Fran Kember (M. D. or other) M.D.  
Address 515 Lafayette Avenue, Date signed 4/17/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

JUN 25 1948

APR 10 1947  
APR 10 1947

JUN 26 1948

**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.....  
*Frank J. Quinn*

Licensed Embalmer No.....  
*4245*

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.**