

FILED JUN 4 1943
318

Registrar's No. 4573

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital # 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 40 Years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2516 1/2 W University St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Thomas Anastas

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

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

6. (b) Name of husband or wife Ethel Anastas 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 5 1 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 13 hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace Athens Greece
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Athens Greece
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Anastas

(b) Address 2516 1/2 W University St.

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

(c) Place: burial or cremation Galery Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) MAY 17 1943 J. J. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 43 hour 10 minute 20 a. m.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull, Subdural Hemorrhage of Brain, Internal Hemorrhage from Ruptured Spleen
when he was struck by a south bound Jefferson Ave streetcar operated by one James Kraft at the intersection of Jefferson St. about 10 am

Opinion unnecessary (Includes pregnancy within 3 months of death)
May 14 - 1943

Major findings: Of operations.....
Of autopsy 1/1/1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or Homicide (specify) Accident

(b) Date of occurrence 5-14-43

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Alfred Perry (M.D. or other)
Address St. Louis Date signed 5/17/43

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 *Charles Boehm*
Licensed Embalmer No. *2777*
P. O. Address *Green Mt*

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.