

Registration District No.

Primary Registration District No.

1003

FILED DEC 3 1943

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 4 weeks
(Specify whether
In this community.....
years, months, days.....

3. (a) PRINT FULL NAME William Panagiotis Alex

3. (b) If veteran, name war..... Nil
3. (c) Social Security No. 497-07-3018

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

6. (b) Name of husband or wife..... Trefilia Alex
6. (c) Age of husband or wife if alive..... 49 years

7. Birth date of deceased..... January 1 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 20
If less than one day
hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

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

16. (a) Informant Mrs. Anna Ruggeri
(b) Address 2724 Hereford Ave.

17. (a) Burial (b) Date thereof 11-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blyd.

19. (a) NOV 23 1943 (b) J. F. Bredeck
(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. 2724 Hereford Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943. hour..... minute 4:20 P.M.

21. I hereby certify that I attended the deceased from August 15 1943 to Nov 21 1943
that I last saw him alive on 11-21-43, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma Intestines

Due to.....

Due to.....

Other conditions (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 Lloyd L. Heid (M. D. or other).....
Address 2739 N Grand Date signed.....

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

Albert G. Kaffer

Licensed Embalmer No. *2971*

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.