20185
S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39860

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10828

1. PLACE OF DEATH:

(a) County St. Louis City

(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-Mar C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") No. 915 Cass Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Constantine Golianis also as Gus

3. (b) If veteran, name war

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 Stavroula Golianis

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased ? (Month) ? (Day) About 1865 (Year)

8. AGE: Years About 78 ? Months ? Days ? If less than one day hr. min.

9. Birthplace Corinth (City, town, or county) Greece 6 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Demetri Golianis

13. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Nickoletti Patton

(b) Address 3621 Gravois Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-43 (Month) (Day) (Year)

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

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

(b) Address 4700 Washington Blvd.

19. (a) DEC 8 1943 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1943 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from November 20th, 1943 to December 5, 1943; that I last saw him alive on December 5th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinoma of stomach

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Glinberg M.D. (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12/6/43

(Licensed Embalmer's Statement on Reverse Side)

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 G W Wilkinson

Licensed Embalmer No. 3575

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.

BC.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 0
Local Registrar's No. 10828 13

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears ..... , who, upon ..... oath, states that the original record of birth/death for Constantine Golvanis, died ~~born~~ 12-5, 1943, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Constantine Golvanis also known as Gus Golvanis
Instead of .....

Item No. ..... should read .....
Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Albert W. Hoppe F.D.
Relationship.

4700 Washington
Present Address.

Subscribed and sworn to before me this 9 day of Sept, 1952

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817