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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

602

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 950

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:
DePaul Hospital (1)
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Thomas Lekometros

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 Angelena

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased ? 1883
(Month) (Day) (Year)

8. AGE: abt. 61 Years Months Days If less than one day
hr. min.

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

10. Usual occupation Prop. Pine Hat Cleaning Co.

11. Industry or business Cleaning

12. Name Christ Lekometros

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

14. Maiden name Angelena Unknown

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

16. (a) Informant Angelena Lekometros, Wife
(b) Address 4552A Chouteau Ave.,

17. (a) Burial (b) Date thereof Jan. 31, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd., at Concordia Lane

19. (a) JAN 31 1944 (b) J. F. Brudick
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 18

(d) Street No. 4552A Chouteau Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1944 hour 12 minute 17 P. M.

21. I hereby certify that I attended the deceased from Dec. 19 1944 to Jan. 28, 1944
that I last saw him alive on Jan. 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Urtemia

Due to arterio sclerosis grade 2 yrs

Due to Hypertension 4 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy.....

Duration 2 wks.

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?.....

While at work (Specify type of place) (e) Means of injury

23. Signature Ambruster (M. D. or other) 0
Address 4952 Maryland Ave. Date signed 1-29-44

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 Edward J. Bockhard

Licensed Embalmer No. 2502

P. O. Address Dayton 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.