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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8305  
Registrar's No. 466

Registration District No. 317 Primary Registration District No. 3069

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7528 Comfort  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Constantina Kumpis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased January 20th, 1893  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 20th  
year 1944 hour 10 minute 15 A.M.  
21. I hereby certify that I attended the deceased from August, 1943 to 2-20, 1944;  
that I last saw her alive on 2-19, 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>1</u>	<u>0</u>	_____ hr. _____ min.

Immediate cause of death  
Hypernephroma of left kidney with metastasis to lungs, liver  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Greece (City, town, or county) (State or foreign country) 6  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Thomas Anton  
13. Birthplace Grunkown (City, town, or county) (State or foreign country) Greece 6  
14. Maiden name Vasilio Gastopolis  
15. Birthplace Greece (City, town, or county) (State or foreign country) 6

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations Hypernephroma left kidney with metastasis  
Of autopsy \_\_\_\_\_  
Duration 1 year  
Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Kumpis  
(b) Address 7528 Comfort  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Mathews Cemetery  
18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester  
19. (a) FEB 23 1944 (Date received local registrar) (b) E. G. Mc Gowan, M.D. (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) (e) Means of injury 10  
23. Signature Paul D. Brunel M.D. (M. D. or other) PD  
Address Wibates Grimes Ave Date signed 2/26/44

C. L. Brand  
120 E. Lockwood  
Re. 3038.

MAR 20 1944

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 B454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.