DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19586

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 5613

1. PLACE OF DEATH: 318
(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:
City 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: 1003
(a) State Missouri (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 29 S. 16th St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mike P. Coukoulis
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Stamatiko Coukoulis
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased about 1880 (Month) (Day) (Year)

8. AGE: Years about 64 | Months | Days | If less than one day ..... hr. 1 min.

9. Birthplace Kythera (City, town, or county) Greece 6 (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)
16. (a) Informant Gus Coukoulis
(b) Address 29 S. 16th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1944 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from 2-22, 1943 to 6-19, 1944
that I last saw him alive on 6-19, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	2 yrs
Due to Coronary Sclerosis	?
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 E. Lee Shrader (M. D. or other)
Address 3720 Washington Date signed 6/21/44

(Licensed Embalmer's Statement on Reverse Side)

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

844

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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.