

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32698  
State File No.  
85372  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
4316a Forest Park Blvd.  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4316a Forest Park  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Stamatia Polizoe  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gus Polizoe  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased About 1890

8. AGE: Years Months Days If less than one day  
About 54 hr. min.

9. Birthplace Kethera Greece  
10. Usual occupation Housewife

11. Industry or business  
12. Name Nicholas Cassimatis  
13. Birthplace Unknown Greece  
14. Maiden name Unknown  
15. Birthplace Unknown Greece

16. (a) Informant Gus Polizoe  
(b) Address 4316a Forest Park Blvd.

17. (a) Burial (b) Date thereof 10-9-44  
(c) Place: burial or cremation St. Matthews Cemetery

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

19. (a) OCT 6 1944 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 6  
year 1944 hour 3 minute 20 P.M.  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic hypertrophic myocardium decompensated  
Due to  
Other conditions  
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?  
(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 Thomas J. Callahan (M. D. or other)  
Address Dr. J. J. Carver Date signed 10-6-44

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**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..... *E. W. Wilkins*.....  
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.**