

FILED JUN 29 1945

State File No. _____

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 187

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town CRYSTAL CITY
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JEFFERSON
(c) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 620 HIGH STREET
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES SKIADAS
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 18
year 1945 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from Sept 1st 1944
April 18 1945 to April 18 1945
that I last saw h. W alive on April 18 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased: OCTOBER 21, 1899
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of uterus with metastases to bladder and pelvis
Due to _____
Due to 48 h
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No operation
Of autopsy none

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>27</u>	hr. min.

9. Birthplace AUSTRIA (City, town, or county) (State or foreign country) 4
10. Usual occupation HOUSEWORK
11. Industry or business OWN HOME

MOTHER FATHER
12. Name JOSEPH BAKER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
16. (a) Informant John Skiadas
(b) Address Crystal City, Mo
17. (a) BURIAL (b) Date thereof April 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.
18. (c) Signature of funeral director Genevieve Paletta
(b) Address Crystal City, Mo
19. (a) April 21, 1945 (b) Virginia Williams, Dep
(Date received local registrar) (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 _____
23. Signature J. K. ... (M. D. or other) _____
Address Crystal City, Mo Date signed _____

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-28-45

MAY 17 1946

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.....

Georges R. Pallette

Licensed Embalmer No. 3481

P. O. Address Crystal City, Md

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.