

FILED AUG 24 1945
318

Registration District No. _____
Primary Registration District No. **1003**

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:
Enroute to City Hospital. 3
(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

3. (a) PRINT FULL NAME James Kontrafoures

3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 66 hr. min.

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

10. Usual occupation Retired Cook

11. Industry or business _____

12. Name Constantino Kontrafoures

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

14. Maiden name Zaphiro Economu

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

16. (a) Informant Peter Kontrafoures

(b) Address 1402 Olive St.

17. (a) Burial (b) Date thereof 8-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 13 1945 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 25
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 301 N. 14th St. 7
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1945 hour 7 minute 15 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83-1
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury 3
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 8/13/45

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

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 *Albert G. Hoppa*

Licensed Embalmer No..... *2971*

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.