. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39042

FILED JAN 5 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11230

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5140 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Renée Corfiatis

3. (b) If veteran, name war No

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 Peter

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased June (Month) 15 (Day) 1897 (Year)

8. AGE: Years 48 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Smyrne (City, town, or county) Turkey (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mark Millio
13. Birthplace (City, town, or county) Turkey (State or foreign country)

MOTHER
14. Maiden name Anna Karave
15. Birthplace (City, town, or county) Greece (State or foreign country)

16. (a) Informant Peter Corfiatis
(b) Address 5140 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-45 (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) DEC 21 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1945 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 19, 1945, to Dec 19, 1945; that I last saw her alive on Dec 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 24 hrs
Due to Vascular hypertension — years
Due to
Other conditions (Include pregnancy within 3 months of death) Obesity
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 Ray David Williams (M. D. or other)
Address 114 N. Taylor, St. Louis Date signed 12/20/45

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.