No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39517

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11011

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos-20 days (Specify whether
In this community 0
years, months or days)

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. 5622 Delmar
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Janet Mathaios

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 20 (Day) 1932 (Year)

8. AGE:

Years	Months	Days	If less than one day
13	5	24	hr. min.

9. Birthplace South Bend (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Fotis Mathaios
13. Birthplace Minneapolis (City, town, or county) Minn. (State or foreign country)

MOTHER
14. Maiden name Helen Pappas
15. Birthplace Statesville (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant Fotis Mathaios
(b) Address 5622 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-45 (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 17 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1945 hour 8:25 minute P M.

21. I hereby certify that I attended the deceased from 5/24/45, 19, to 12/14/45, 19; that I last saw her alive on 12/14/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Tumor non-malignant

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy —

Duration

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 [illegible] 1515 Lafayette (Date signed 12/14/45)

Address Date signed

DEC 17 1945

(Licensed Embalmer's Statement on Reverse Side)

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. 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.