S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946

State File No. 7713

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1806

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: 5255 Maffitt Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years
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. 5255 Maffitt Ave.
(If rural, give location)

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

If yes, name country Turkey

3. (a) PRINT FULL NAME Eufrosine Maragides

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Kyriakos

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

7. Birth date of deceased May (Month) 15 (Day) 1879 ~~1865~~ (Year)

8. AGE: Years 66 ~~80~~ | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Bali-Kesser (City, town, or county) Asia Minor (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Stambolis
13. Birthplace Bali-Kesser (City, town, or county) Asia Minor (State or foreign country)

MOTHER
14. Maiden name Despina (Unknown)
15. Birthplace Bali-Kesser (City, town, or county) Asia Minor (State or foreign country)

16. (a) Informant Nicandros K. Maragides
(b) Address 1020 9th St. Madison Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director J. Miceli & Son
(b) Address 1150 N. Kingshighway Blvd.

19. (a) FEB 23 1946 (Date received by registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21 day 21 year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 16 1946, to July 21 1946 that I last saw her alive on July 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute acute Bronchitis

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) chronic nephritis

Major findings: Of operations None

Of autopsy None

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 Nestor F. Komis (M. D. or other)
Address 319 Metropolitan Bldg Date signed 2/22/46

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.