

No. 2
M-5-43
7. 5-17-39
I X38671

FILED APR 18 1946 **STANDARD CERTIFICATE OF DEATH**
318

State File No. **15003**
Registrar's No. **3391**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4532a Gibson 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.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4532a Gibson Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Panagiotista Menas (Coukoulis)
also known as

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Aristotelis Menas

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

7. Birth date of deceased November 11 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from April, 1946, to April 11, 1946
that I last saw her alive on April 11, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

58	5	0	hr. min.
----	---	---	----------

Immediate cause of death General Arterio-Sclerosis
Sclerosis of Coronary Arteries
Thrombosis of Coronary Artery

Duration weeks
weeks
weeks

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

10. Usual occupation Housewife

Due to.....

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

11. Industry or business

12. Name Theodore Lateras

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

14. Maiden name Unknown

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Tom Strousser

(b) Address 4532a Gibson Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4-15-46
(Month) (Day) (Year)

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

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

(b) Address 4700 Washington Blvd.

19. (a) APR 12 1946
(Date received local registrar)

J. F. Biedack
(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)

(c) Means of injury.....

23. Signature Frank A. Bailey (M. D. or other) n.d.

Address 2602 So Grand Date signed 4-12-46

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

10000

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

John Ogonoski

..... Licensed Embalmer No. *3398*.....

..... 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.