

DEPARTMENT OF COMMERCE
STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 8 1946
STANDARD CERTIFICATE OF DEATH

21436

State File No. _____
Registrar's No. 1398

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 1617 days
(Specify whether years, months or days)

In this community 1617 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao

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

(d) Street No. 2763a Park
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES PATESTAS

3. (b) If veteran, name war _____

3. (c) Social Security No. 486-20-7538

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1946 hour 10 minute P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Josephine Kadlubiak Patestas

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased 3 8 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-23, 1942 to 6-28, 1946
that I last saw h. im alive on 6-28, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 31 Months 3 Days 20
If less than one day hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis Duration 10 yrs
(?)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

Due to _____

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name Nick Patestas

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

14. Maiden name Altha Smith

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

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

Major findings: Right Lower Lobe Lobectomy

Of operations _____

Of autopsy Pulmonary Tuberculosis

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

16. (a) Informant Hospital Records

(b) Address Koch Hospital, Koch, Mo.

17. (a) BURIAL (b) Date thereof JULY 2-46
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation NEW S. S. PETER & PAULS

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av

19. (a) 7-3-46 (b) E. S. McSavary
(Date received local registrar) (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 _____

Signature James P. Patestas (M. D. or other) _____

Address Robt. Koch Date signed 6-29-46

JUL 23 1945

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.....

Joseph B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address.....

H. J. Jones, M.

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.