

V. S. No. 2
00M-8-43
Rev. 5-17-39
1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

26465

FILED SEP 6 1948

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 1/2 mtd (Specify whether _____)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis

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

(d) Street No. 747 Lambert Ave 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MILTON E. PASMEZOGLU

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w

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 4 - 17 - 1895
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Smyrna Asia Minor
(City, town, or county) (State or foreign country)

10. Usual occupation Ins. Salesman

11. Industry or business Insurance

MOTHER FATHER

12. Name Evangelus Parnesozoglou

13. Birthplace Smyrna Asia Minor
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Kura

15. Birthplace Smyrna Asia Minor
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Hulton MO

17. (a) General (b) Date hereof 8/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis MO

18. (a) Signature of funeral director Wm. J. Morgan

(b) Address Fulton Mo

19. (a) 8-18-1946 (b) Josie Morawick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1946 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from Aug 1 1946 Aug 17 1946 that I last saw him alive on Aug 17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Duration 89

Due to _____

Due to _____

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

Major findings: Of operations none 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature J. Caldwell (M. D. or other) _____
Address Hulton MO Date signed 8/17/46

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

14
1
2

25311

RECEIVED
District Health Officer No. 9,
District File Number 9-46-43
Date Filed 9-4-46

IP T #

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 Glen Y. Mauzin
Licensed Embalmer No. 9725
P. O. Address Fulton, 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.