

FILED DEC 24 1946 #52909
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10689

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 6 days
In this community..... 20 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME..... JOHN BALASKAS

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

4. Sex..... Male
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..... Unknown About 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 69 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Pete Tony

(b) Address..... 2008 Franklin Ave.

17. (a) Burial (b) Date thereof..... 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address..... 4700 Washington Blvd.

19. (a) DEC 13 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(c) City or town..... 2008 Franklin Ave., Memorial
(If outside city or town limits, write "RURAL")
(d) Street No..... 2008 Franklin Ave., Memorial
(If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 11th
year..... 1946 hour..... 5:00 minute..... P M.

21. I hereby certify that I attended the deceased from..... 12/5/46
to..... Dec. 11th, 1946
that I last saw him..... im alive on..... Dec. 11th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... Uremia

Duration..... 1 week

Due to..... Nephrosclerosis & Arteriosclerotic heart disease

Due to.....

Other conditions..... 12/12/46
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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) (a) Means of injury.....

23. Signature..... George Lafayette M.D. 12/13/46

Address..... Date signed.....

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

MOTHER OR OTHER

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.....

John S. Pennek
.....
Licensed Embalmer No. 4194
.....
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.