

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **10846**
Registrar's No. **3001**

FILED MAR 31 1947
318
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros. Hospital
(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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 15-17
(d) Street No. 4363 Beethoven Ave.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL N. GALANIS

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec. 25 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Waiter

11. Industry or business Statler Hotel

MOTHER FATHER

12. Name Nicholas Galanis

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)

16. (a) Informant Rose Galanis

(b) Address 4363 Beethoven Ave.

17. (a) Burial (b) Date thereof 3 22 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 20 1947 (Date received from Registrar) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from May 21
1946 to March 20 1947
that I last saw him alive on March 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA of Intestines
Due to _____
Due to Hb

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

Major findings:
Of operations _____
Of autopsy Carcinoma of Sigmoid
Met. and adenitis

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 John L. Connel (M. D. or other) MD
Address 509 S. A. G. Road Date signed 3-20-47

ST Louis Mo

110052 Stovesand

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..... *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.