S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18757
Registrar's No. 5482

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Chestnut Street, 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Peter Dragonas
3. (b) If veteran, name war None
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 About 1890 ? (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt. 56?	?	?	hr. 6 min.

9. Birthplace Unknown (City, town, or county) Greece (State or foreign country)
10. Usual occupation Bus Boy
11. Industry or business Park Plaza Hotel
MOTHER FATHER
12. Name George Dragonas
13. Birthplace Unknown (City, town, or county) Greece (State or foreign country)
14. Maiden name Chrisoula Abrahamas
15. Birthplace Unknown (City, town, or county) Greece (State or foreign country)
16. (a) Informant Tony Dragonas
(b) Address 1719 Market Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) JUN 2 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1947 hour 11 minute 30 a M.
21. I hereby certify that I attended the deceased from , 19 , to 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary thrombosis
Due to Left intestinal infarction
Following injuries received when the taxicab in which he was a passenger being driven by the Hackman Cab Co. was struck by an automobile
Other conditions by Albert Davis (Colored) the chauffeur of 15½ and
(Include pregnancy within 3 months of death)
Major operation Mother knowing 250 Other
Date of operation April 13 1947
Of autopsy

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 13, 1947 noon
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place or in public place? (Specify type of place)
While at work? (e) Means of injury Auto
23. Signature Patrick E Taylor (M. D. or other)
Address Dep Coroner Date signed 6/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.