S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19438

FILED MAY 29 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5079

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2513 Mullanphy St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 Yrs. 6 Mons 4 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2513 Mullanphy St. (If rural, give location) 9

20 10

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

If yes, name country

3. (a) PRINT FULL NAME Anna Tolias.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Speros Tolias

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 11 (Month) 16 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	6	4	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Steve Fajalkowski 4

13. Birthplace unknown (City, town, or county) Russian Ploand (State or foreign country)

MOTHER

14. Maiden name Josephine Slom.

15. Birthplace Unknown (City, town, or county) Poland. (State or foreign country) 4

16. (a) Informant Mr Speros Tolias.

(b) Address 2513 Mullanphy St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) MAY 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20 year 1947 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Dec 18, 1946, 19, to May 19, 1947; that I last saw her alive on May 19th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus with generalized Carcinomatosis.

Due to

Due to

Other conditions Metastasis to stomach (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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 N. E. Stergen (M. D. or other)

Address 306 North Grand Date signed 5/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) N. E. Stergen

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. Kennedy

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.