

FILED JUL 21 1947
Registration District No. **70721**

Primary Registration District No. **1003**

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

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: **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)

3. (a) PRINT FULL NAME..... **THOMAS SPINOS**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widower**

6. (b) Name of husband or wife..... **Hazel Spinos**

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

7. Birth date of deceased..... **October 15 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	8	25hr.min.

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

10. Usual occupation..... **Cook**

11. Industry or business..... **Restaurants**

12. Name..... **Eustathios Spinor**

13. Birthplace..... **Greece**
(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..... **Steve Kollias**

(b) Address..... **2734 Arlington Ave.**

17. (a) Burial (burial, cremation, or removal)..... **Burial**

(b) Date thereof..... **7-14-47**
(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) Date received local registrar..... **JUL 11 1947**

(b) Registrar's signature..... **J. F. Gredek**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No. **534 N. Vandeventer**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10th**

year..... **1947** hour..... **11:40** minute..... **A** M.

21. I hereby certify that I attended the deceased from..... **July 10th 1947**

that I last saw him alive on..... **July 10th 1947**

and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of the lung metastatic**

Due to..... **N.C.**

Other conditions..... **Respiratory lobectomy due to pneumonia**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... **Carcinoma of the lung**

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)

23. Signature..... **W. Park** (M. D. or other)

Address..... **1515 Lafayette** Date signed..... **7/10/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

.....
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.