No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26903

FILED AUG 16 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 937

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 627½ So 8th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam Lenardos Stavricos
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nettie
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased unknown (Month) (Day) 1889 (Year)

8. AGE: Years 58 Months ✓ Days ✓ If less than one day hr. min.

9. Birthplace — (City, town, or county) Greece 6 (State or foreign country)
10. Usual occupation Cafe Owner
11. Industry or business Peerless Cafe
FATHER
12. Name Stavricos Lenardos
13. Birthplace — (City, town, or county) Greece 6 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace — (City, town, or county) Greece 6 (State or foreign country)
16. (a) Informant Mrs Sam Lenardos
(b) Address 627½ So 8th St, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 8-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1947 hour 4 minute P M.
21. I hereby certify that I attended the deceased from March 2, 1947, to July 31, 1947
that I last saw him alive on July 29, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Definite heat Stroke.	
Due to --	
Due to --	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 19 19

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 1947
(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 Clifton Smith (M. D. or other) MD
Address 218 No. 7th St. St. Joseph, Missouri Date signed 8-2-47

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph Mo.

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.