No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36295

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9564

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 Enroute City Hospital 3
(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 Missouri (b) County aad

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

(d) Street No. 18 4544 Choteau Ave. 9
(If rural, give location)

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

If yes, name country

also known as Constantine Efstathiou

3. (a) PRINT FULL NAME Charles A. Stathis

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 Married

6. (b) Name of husband or wife Anastasia Stathis

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 22 (Day) 1897 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 4 | 22 | hr. min. |

9. Birthplace Greece 6
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Owner

11. Industry or business

FATHER
12. Name Andrew Efstathiou
13. Birthplace Greece 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Greece 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anastasia Stathis
(b) Address 4544 Choteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-47 (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) OCT 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1947 hour 2 minute 10 P 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.

Immediate cause of death Chronic Endocarditis

Due to a

Due to 92

Other conditions
(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 3

23. Signature Patrick E. Taylor (M. D. or other)

Address Dep Coroner Date signed 10/15/47

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. Ernest W. Spillard

Licensed Embalmer No. 4080

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.