S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43296

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12101

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2900 North Broadway
(If rural, give location)
Memorial
(e) Citizen of ~~foreign~~ country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ERNEST MACHES (Maharas)
3. (b) If veteran, name war
3. (c) Social Security No.
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 January (Month) 1 (Day) 1878 (Year)
8. AGE: Years 69 Months 11 Days ~~30~~ 23 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Greece (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Anthony Maharas
13. Birthplace Unknown (City, town, or county) Greece (State or foreign country)
MOTHER
14. Maiden name Unknown Marinon
15. Birthplace Unknown (City, town, or county) Greece (State or foreign country)
16. (a) Informant City Hospital Records
(b) Address 1515 Lafayette Avenue.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director Albert H. Hopne
(b) Address 4700 Washington Blvd.
19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 24th
year 1947 hour 4 minute 00 P M.
21. I hereby certify that I attended the deceased from 11/24/47
, 19, to Dec. 24th 1947
that I last saw him alive on Dec. 24th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to Arteriosclerotic heart disease
Due to
Other conditions Auricular fibrillation
(Include pregnancy within 3 months of death)
Psychosis with cerebral arteriosclerosis
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 Annatty [illegible] (M. D. or other)
Address 1515 Lafayette 12/26/47 Date signed

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.