No. 2
1/47
27-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17597

FILED MAY 26 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4598

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 Christian Hospital 0
(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 060

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4029a Labadie Avenue, m 5
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME George Gounaris

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Gounaris

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

7. Birth date of deceased March (Month) 16 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
56	1	29	hr. min.

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

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name Anthony Gounaris 6
13. Birthplace Unknown (City, town, or county) Greece (State or foreign country)

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

16. (a) Informant Dan Gounaris
(b) Address 4029a Labadie Avenue.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (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 by Registrar) (b) J. F. Brescia (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from March, 1948, 19..., to May 15, 1948, 19..., that I last saw h... alive on May 14, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (a) Cerebral Hemorrhage	
(b) Hypostatic Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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. (M.D. or other)
Address 721 No. Kingshighway Date signed 5/17/48

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 A. 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.