

FILED SEP 13 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7809

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(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

3. (a) PRINT FULL NAME Menas Cassimatis also known as Mike Kust

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

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 About 1893
(Month) (Day) (Year)

8. AGE: Years abt 55? Months ? Days ? If less than one day hr. _____ min. _____

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

10. Usual occupation Dishwasher

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(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 4700 Washington Blvd.

17. (a) Burial (b) Date thereof 9-4-48
(Burial, cremation, or removal) (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) SEP 5 1948 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600 13 7 10
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3724 Grandel Sq.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th
year 1948 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death 1st, 2d, and 3d degree burn of face, scalp, left arm and chest; when deceased poured gasoline on his clothing and then ignited same, on the bank of the Mississippi River, at the foot of Gratiot Str., on Aug. 29th, 1948, at about 8:27 A.M.
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 8-29-1948

(c) Where did injury occur? on St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? no (Specify type of place) (e) Means of injury see above

23. Signature Dr. Rufus J. [unclear] (M. D. or other) D.D.S.

Address Dr. Calver Date signed 9/5/48

6082

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 Elmo R. Padgett
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.