

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 27941
Registrar's No. 7016FILED AUG 23 1948
Registration District No. 318

Primary Registration District No. 1003

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

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:
St. Louis City Hospital - Mex. C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Memorial
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Theodore J. Lazanas3. (b) If veteran, No name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Despo Lazanas 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased November 25 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>8</u>	<u>13</u>	 hr. min.

9. Birthplace..... Greece 5
(City, town, or county) (State or foreign country)10. Usual occupation Barber

11. Industry or business.....

12. Name..... John Lazanas 513. Birthplace..... Greece
(City, town, or county) (State or foreign country)14. Maiden name..... Unknown15. Birthplace..... Greece 5
(City, town, or county) (State or foreign country)16. (a) Informant..... Mrs. Despo Lazanas(b) Address..... 4579 Gibson Ave.17. (a) Burial (b) Date thereof..... 8-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... St. Matthews Cemetery18. (a) Signature of funeral director..... Albert H. Hoppe(b) Address..... 4700 Washington Blvd19. (a) AUG 10 1948 (b) J. H. Brudeck
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Good
(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4579 Gibson Ave. 9
(If rural, give location) 6
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 8th
year..... 1948 hour..... 2 minute..... 55 P M.21. I hereby certify that I attended the deceased from..... 8-2-48
..... 19....., to..... 8-8-48..... 19.....
that I last saw him alive on..... 8-8-48..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary thrombosis

Due to.....

arteriosclerotic heart disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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..... Miss J. Bryan M.D. (M. D. or other)1515 Lafayette Avenue Date signed..... 8-9-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

Licensed Embalmer No. 3749

P. O. Address. St. Louis, 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.