

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24578**
Registrar's No. **6578**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | | | |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois | | b. COUNTY Madison | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 10 Min | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If rural, give location) 1100 Greenwood | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Sam | | b. (Middle) | | c. (Last) Bouzas | |
| 4. DATE OF DEATH (Month) (Day) (Year) July 30 1950 | | 5. SEX male | | 6. COLOR OR RACE white | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH unknown | | 9. AGE (In years last birthday) abt. 57 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor | | 10b. KIND OF BUSINESS OR INDUSTRY Tavern | | 11. BIRTHPLACE (State or foreign country) Greece | |
| 12. CITIZEN OF WHAT COUNTRY | | 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Geo. Gallas | | ADDRESS Madison, Ill | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Streptothricosis | |
| 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Streptothricosis | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 132X | |
| 22. I hereby certify that I attended the deceased from February 1950 , to July 30, 1950 , that I last saw the deceased alive on July 30, 1950 , and that death occurred at 14P m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE S. R. A. Thurbauer MD | | (Degree or title) | | 23b. ADDRESS 3701 Grand St. | |
| 23c. DATE SIGNED 7-31-50 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. to Madison, Ill | | 24b. DATE 7/30/50 | |
| 24c. NAME OF CEMETERY St. Johns Cem. | | 24d. LOCATION (City, town, or county) (State) Granite City, Illinois | | 25. FUNERAL DIRECTOR'S SIGNATURE Francis J. Foley | |
| 25. ADDRESS Madison, Illinois | | DATE REC'D BY LOCAL REG. AUG 2 1950 | | REGISTRAR'S SIGNATURE J. B. Foster | |

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

8299

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Francis J. Lyle

Signed.....

Student Embalmer

Licensed Embalmer No. *2792*

P. O. Address *Madison, Ia*

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.