S. No. 300
v. 10-48

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2774

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. .....

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 375
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2099
d. STREET ADDRESS (If rural, give location) 6030 North Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) Mike Kentrotis
b. (Middle) a-Kas-Mike
c. (Last) Manousos

4. DATE OF DEATH (Month) Jan. (Day) 12, (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 25, 1879
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant owner rtd.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Manousos
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Kentrotis Mary Manousos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Kentrotis Mary Manousos, 6030 North Broadway — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc., it means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH 1 yr (?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 203 X

22. *I hereby certify that I attended the deceased from* Dec 8, 1951, *to* Jan 12, 1951, *that I last saw the deceased alive on* Jan 12, 1951 *and that death occurred at* 11:20 a., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward W. Gebrinsk MD
23b. ADDRESS 0 3701 Grande Sq
23c. DATE SIGNED 1/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 1-15-51
24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery
24d. LOCATION (City, town, or county) St. Louis, Missouri (State)

DATE REC'D BY LOCAL REG. JAN 14 1951
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe — ADDRESS 4700 Washington

(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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

Signed.....
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City / County of St. Louis } ss.

State File No. 2774-51
Local Registrar's No. 371

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30 day of October, 1957 before me appears Mary Kentrotis Manousos, who, upon her oath, states that the original record of death for Mike Manousos, died January 12, 1951, in the State of Missouri, and which was filed at St. Louis, Mo. on 1-13-57, 19..., should be corrected as follows:

Item No. 3 should read Mike Kentrotis a-k as Mike Manousos
Instead of Mike Manousos

Item No. 14 should read Mary Kentrotis Manousos
Instead of Mary Manousos

Item No. 17 should read Mary Kentrotis Manousos
Instead of Mary Manousos

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Kentrotis Manousos
Relationship.

6030 North Broadway
Present Address.

Subscribed and sworn to before me this 30th day of October, 1957

My Commission expires My Commission Expires Sept. 23, 1959

Edna A. Baxter
Notary Public.