

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1951

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 38 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3951 McPherson Ave				d. STREET ADDRESS (If rural, give location) 3951 McPherson Ave			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) D		c. (Last) PITSINOS	
4. DATE OF DEATH JAN. 4 - 1951		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Nov. 21 - 1894		9. AGE (In years last birthday) 56	
5. SEX MC		6. COLOR OR RACE W		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER		10b. KIND OF BUSINESS* OR INDUSTRY RESTAURANT	
11. BIRTHPLACE (State or foreign country) Greece				12. CITIZEN OF WHAT COUNTRY? Greece			
13a. FATHER'S NAME James Pitsinos		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lucille			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 493-09-6705		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Pitsinos 3951 McPherson			
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) <u>Arteriosclerotic Heart Disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O			
22. I hereby certify that I attended the deceased from <u>October 19, 1950</u> , to <u>Jan 4, 1951</u> , that I last saw the deceased alive on <u>Dec 22, 1950</u> , and that death occurred at <u>2 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Russter</u>		(Degree or title) M.D.		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 1-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-6-51		24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. JAN 6 1951		REGISTRAR'S SIGNATURE <u>J. B. Russter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2801 Lafayette			

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

Mr. C. G. Touras  
539 No. Grand Bl.  
8<sup>30</sup>  
am Sat

mail

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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...

*H. G. Touras*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3384*

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.