

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10872

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 783

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 7059 Tulane	

3. NAME OF DECEASED (Type or Print) GUS (CHARLES BILL) COSTAS IVAZES			4. DATE OF DEATH (Month) (Day) (Year) March 24 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 16, 1888	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) SHOEWORKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greece 6		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Ivazes	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Anna Ivazes
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. 497-07-2475A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Ivazes, 7059 Tulane

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1-2 years 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral c abscess		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inanition DUE TO (c) paralysis agitans		
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 350X	20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-9-1951**, to **9-24-1951**, that I last saw the deceased alive on **9-24-1951**, and that death occurred at **7:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE Wilson Brown (Degree or title) D.M.D.	23b. ADDRESS 601 Brentwood Blvd Clayton, Mo	23c. DATE SIGNED 8/29/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-28-51	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington	
DATE REC'D BY LOCAL REG. 3/26/51	REGISTRAR'S SIGNATURE Herbert R. Dombke	

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

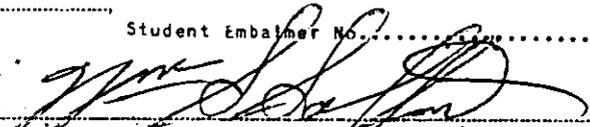
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ~~me~~

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed 

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.