

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13777  
3162

FILED MAY 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 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 St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 25		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4356		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 7037 Arcadia		1		
3. NAME OF DECEASED (Type or Print) Alexandros		a. (First)		b. (Middle)		
		c. (Last) Bellos		4. DATE OF DEATH (Month) (Day) (Year) April 1, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH March 1, 1905		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (State or foreign country) Rhodes, Greece		
12. CITIZEN OF WHAT COUNTRY? Greece		13a. FATHER'S NAME Anastasios Bellos		13b. MOTHER'S MAIDEN NAME Isabica Papaconstantino		
14. NAME OF HUSBAND OR WIFE Nora		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. Unknown		
17. INFORMANT'S SIGNATURE OR NAME Nora Bellos		ADDRESS 7037 Arcadia				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Perforation of duodenal ulcer</i>		DUE TO (b) _____				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>extreme shock</i>						
19a. DATE OF OPERATION 4/1/51		19b. MAJOR FINDINGS OF OPERATION <i>Perforation of duodenum - Cancerous degeneration</i>				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 (Month) (Day) (Year) (Hour) (Min) (Sec) OF INJURY 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5700</i>		
22. I hereby certify that I attended the deceased from <i>Feb 1</i> , 1947, to <i>4/1/51</i> , 1951, that I last saw the deceased alive on <i>4/1/51</i> , 1951, and that death occurred at <i>9:32</i> p.m., from the causes and on the date stated above.						
23a. SIGNATURE <i>No Steigew</i>		(Degree or title) M.D.		23b. ADDRESS 830 <sup>6</sup> No. Kingshighway		
23c. DATE SIGNED 4/31/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-51		
24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. APR 4 1951		REGISTRAR'S SIGNATURE <i>J. B. Lester</i>		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert M Murray*

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.