

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25678

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2673

1. PLACE OF DEATH
a. COUNTY St. Louis 4001
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) OR TOWN Berkley City
c. LENGTH OF STAY (in this place) OR TOWN Unk. St. Louis 2049

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 9949 Natural Bridge
d. STREET ADDRESS (If rural, give location) 1045 Oakview Pl. 1

3. NAME OF DECEASED a. (First) George b. (Middle) S. c. (Last) Strategos
4. DATE OF DEATH (Month) (Day) (Year) July 15, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 7, 1895 9. AGE (In years last birthday) 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sponge Packer
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Aegina, Greece 6
12. CITIZEN OF WHAT COUNTRY? Greece

13a. FATHER'S NAME Sotirios Strategos
13b. MOTHER'S MAIDEN NAME Xantrala Alfanthes
14. NAME OF HUSBAND OR WIFE None

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. 494-03-5800
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Strategos, 1045 Oakview Pl.

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease
INTERVAL BETWEEN ONSET AND DEATH 5 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) 44.3X
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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 7, 1949, to July 15, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at 7:30pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.
23b. ADDRESS 539 No. Grand Blvd.
23c. DATE SIGNED 7/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-18-51
24c. NAME OF CEMETERY OR CREMATORY St. Matthews
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 7-16-51
REGISTRAR'S SIGNATURE [Signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4899

P. O. Address St. Charles

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.