

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25706

State File No.

FILED JUL 22 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6297

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6297		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 22.79				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 25 1002 Chestnut		
d. FULL NAME OF HOSPITAL OR INSTITUTION enroute to City Hosp/				d. STREET ADDRESS (If rural, give location) 25 1002 Chestnut				
3. NAME OF DECEASED (Type or Print) a. (First) Steve b. (Middle) Dallas c. (Last) also known as Steve Tsandilas			4. DATE OF DEATH (Month) (Day) (Year) 6-30-52					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1874		
9. AGE (in years: last birthday) 77		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) construction			10b. KIND OF BUSINESS OR INDUSTRY Bricklayer		11. BIRTHPLACE (City and State or Foreign Country) Corinth, Greece		12. CITIZEN OF WHAT COUNTRY? 6	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Florence Tsandilas			
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 Andrew Dallas ADDRESS 6654 Bartmer			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ Heart Attack II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall E9319				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:50A m., from the causes and on the date stated above. 46								
23. SIGNATURE Patrick E. Daylar (Degree or title) Coroner			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 7/1/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-52		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE RECD BY LOCAL _____		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 W. shington				
JUL 1 1952								

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

in 43 (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. W. - M. Campbell
3653

Licensed Embalmer No. _____

P. O. Address _____

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.