

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1953

1003

State File No. 7494

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 1247		
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) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 19 4115 Maryland Avenue.				
3. NAME OF DECEASED (Type or Print) George K a-k Gregory K. Dubis			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Jan 30, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr 6, 1895		9. AGE (In years last birthday) 57		
5. SEX Male		6. COLOR OR RACE White		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		11. BIRTHPLACE (City and State or Foreign Country) Eperios, Greece		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Kostantinos Dubis			13b. MOTHER'S MAIDEN NAME Maria Zeris			14. NAME OF HUSBAND OR WIFE Naomi Dubis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Naomi Dubis		ADDRESS 4115 Maryland Ave.		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viral Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 days		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 49.2X				
22. I hereby certify that I attended the deceased from 1-28-53 , 19 53 , to 1-30-53 , 19 53 , that I last saw the deceased alive on 1-30 , 19 53 , and that death occurred at 10:50 P.M. , from the causes and on the date stated above.								
23. SIGNATURE Oliver D. Lane M.D. (Degree or title)				23b. ADDRESS 706 Walton		23c. DATE SIGNED 2-2-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-53		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. FEB 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington				

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Henneke
Licensed Embalmer No. *4194*
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.