No. 300
10.48

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

FILED OCT 15 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34200

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9120

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Incarnate Word Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: 2029
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐: 0
e. STREET ADDRESS (If rural, give location): 2 5188 Eichelberger Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): CHRIST
b. (Middle):
c. (Last): TOMPRAS

**4. DATE OF DEATH** (Month) (Day) (Year): SEP. 19 1953

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: May 20, 1894

**9. AGE** (In years last birthday): 59
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Pres.-Valeteria Cleaners

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): Greece 6

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: James Tompras

**13b. MOTHER'S MAIDEN NAME**: Jane Unknown

**14. NAME OF HUSBAND OR WIFE**: Elva Tompras

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Elva Tompras 5188 Eichelberger 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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cirrhosis Liver
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Cholecystitis Acute

INTERVAL BETWEEN ONSET AND 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) m.:

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**: 58.10 H

22. *I hereby certify that I attended the deceased from* March 1, 1953, *to* Sept 19, 1953, *that I last saw the deceased alive on* Sept 19, 1953, *and that death occurred at* 11:20 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles L Thomas M.D.

**23b. ADDRESS**: 644 Frisco Bldg

**23c. DATE SIGNED**: Sept 21-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: Sep. 22, 1953

**24c. NAME OF CEMETERY OR CREMATORY**: St. Matthews Cem.

**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 21 1953

REGISTRAR'S SIGNATURE: J Earl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard W. Storzaa

Licensed Embalmer No. 400

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.