

STANDARD CERTIFICATE OF DEATH

37487

FILED OCT 27 1953

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State File No. 9203
 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Ferguson	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul		e. STREET ADDRESS (If rural, give location) 11 St. Thomas	
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Panagos c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept 22 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept 21 1953
9a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Panagos	
13b. MOTHER'S MAIDEN NAME Elaine Hales		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Edward Panagos		ADDRESS 11 St. Thomas	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Volvulus - Small intestine DUE TO (c) 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 <input type="checkbox"/> NO <input checked="" 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? 7562	
22. I hereby certify that I attended the deceased from 9/22, 1953 , to 9/22, 1953 , that I last saw the deceased alive on 9/22, 1953 , and that death occurred at 8:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Jackson St (Degree or title)		23b. ADDRESS n.d. 634 N. Main	
23c. DATE SIGNED 9/23/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 24 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. SEP 24 1953		25. FUNERAL DIRECTOR'S SIGNATURE Carli & Sons ADDRESS 1150 N. Kingshighway	

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 Not Embalmed Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Anthony J. Miceli.....

Licensed Embalmer No. 4227

P. O. Address St Louis

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

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