

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1954

State File No. **44066**  
Registrar's No. **11840**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis, Mo.</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis,</b>	d. Is Residence within limits of a city or incorporated town? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3207a St. Louis,</b>		e. STREET ADDRESS (If rural, give location) <b>10 3207a St. Louis, Ave. 2109</b>	

3. NAME OF DECEASED <b>Also Known As George N. Antonopoulos.</b> (Type or Print) <b>George</b>	b. (Middle) <b>N.</b>	c. (Last) <b>Anton.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15, 1953.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan, 5, 1886.</b>	9. AGE (In years last birthday) <b>67.</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Wholesale Meat Dealer, Meat</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Melisi Corinthia Greece</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Nicholas Antonopoulos</b>	13b. MOTHER'S MAIDEN NAME <b>unknown.</b>	14. NAME OF HUSBAND OR WIFE <b>Despina Anton.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>no.</b>	16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Despina Anton</b> ADDRESS <b>3207a St. Louis, AVE.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>		<b>2-3 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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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? <b>4201</b>
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22. I hereby certify that I attended the deceased from **June 16, 1953**, to **Dec 15, 1953**, that I last saw the deceased alive on **Nov 19, 1953**, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl Smith</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>539 N. Grand</b>	23c. DATE SIGNED <b>12-15-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-18-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>DEC 15 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *John S. Penneke*.....

Licensed Embalmer No. *41940*.....

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.