

STANDARD CERTIFICATE OF DEATH

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

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 town) St. Louis, Mo.		c. CITY OR TOWN St. Louis,	
c. LENGTH OF STAY (In this place) DOA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 5030a Delmar Ave. 2129	
3. NAME OF DECEASED (Type or Print) Gus		4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fruit Merch.		9b. KIND OF BUSINESS OR INDUSTRY Produce	9. AGE (In years last birthday) 61
10. CITIZEN OF WHAT COUNTRY? U.S.		11. BIRTHPLACE (City and State or Foreign Country) Borova Albania	
13a. FATHER'S NAME Athanos Pappas		13b. MOTHER'S MAIDEN NAME Catherine Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 494-36-8422	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS Antizone Pappas, 5030a Delmar 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis DUE TO (c) Arterio Sclerosis 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 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? 4.221		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 11:25 P.M., from the causes and on the date stated above.	
23a. SIGNATURE Patrick F. Taylor Esquire		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10.6.54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-7-54		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	
DATE REC'D BY LOCAL REG. OCT 6 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D. (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.....
Signature of Student Embalmer

Signed.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.