

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5957**  
**1715**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>0</b>		c. CITY OR TOWN <b>St. Louis,</b>			
d. Is Residence within limits of a city or incorporated town? Yes <b>XX</b> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hosp. # 2</b>							
STREET ADDRESS (If rural, give location) <b>4865 Kossuth Ave.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Tony (aka Anthony H. Anastassiou)</b> b. (Middle) <b>Anthony</b> c. (Last) <b>Anthony</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 21, 1955</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>April 12, 1914</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Isle of Rhodes, Greece</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Charles Anthony</b>		13b. MOTHER'S MAIDEN NAME <b>Faggara Fantulis</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Anthony</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W. W. # 2</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Anthony, 4865 Kossuth Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of head, suffered when shot with gun</b> ANTECEDENT CAUSES <b>Hands of person or persons unknown to jury at this time, during hold up of state at</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death by (b) related to the disease or condition causing death. <b>1957 Fountain Ave., about 12:55 pm</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>July 21, 1955</b> <b>Homicide</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SURROUNDINGS (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY <b>July 21 55 12:55</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E981x</b>			
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 <b>5:20 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick Taylor Coranet</b>			23b. ADDRESS <b>1300 Clark Ave</b>		23c. DATE SIGNED <b>2-23-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>FEB 23 1955</b>		REGISTRAR'S SIGNATURE <b>Albert H. Hoppe</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>			

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.....  
Signature of Student Embalmer

Signed..... *J. W. Wilkinson*

Licensed Embalmer No. *357*

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.