

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

17262

State File No.

FILED MAY 27 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 435

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 (If outside corporate limits, write RURAL and give OR TOWN Richmond Hts.)		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 6323 Delmar Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) SPIROS b. (Middle) A. c. (Last) NIKITAKIS			4. DATE OF DEATH (Month) (Day) (Year) May 19 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6, 1893		9. AGE (In years last birthday) 61 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) Restaurant Owner-Maryland Cafeteria			10b. KIND OF BUSINESS OR INDUSTRY Greece		11. BIRTHPLACE (City and State or Foreign Country) Greece		
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Andrae Nikitakis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Marie Nikitakis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 497-09-3625		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Nikitakis 6323 Delmar Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Cause of Pancreas</i></u>				INTERVAL BETWEEN ONSET AND DEATH <u><i>undetermined</i></u>			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) _____			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u><i>Cause of Head of Pancreas</i></u>				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) 157X			
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?			
22. I hereby certify that I attended the deceased from <u><i>Dec 1 1954</i></u> , to <u><i>May 19 1955</i></u> , that I last saw the deceased alive on <u><i>May 18, 1955</i></u> , and that death occurred at <u><i>5:50 A</i></u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u><i>Samuel L. Steiner M.D.</i></u>				23b. ADDRESS <u><i>607 N. Grand Ave</i></u>		23c. DATE SIGNED <u><i>5/19/55</i></u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. 5/20/55		REGISTRAR'S SIGNATURE <u><i>Herbert R. Dombke M.D.</i></u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *William B. White*.....

Licensed Embalmer No. *47*.....

P. O. Address *228 1/2*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.