

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

20537

FILED JUN 30 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 531 Registrar's No. 1343

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
d. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u>		c. CITY OR TOWN <u>UNIVERSITY CITY</u>	
c. LENGTH OF STAY (in this place) <u>2 YRS.</u>		2. 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 <u>430 West Point Ct</u>		e. STREET ADDRESS (If rural, give location) <u>430 West Point Ct</u>	

3. NAME OF DECEASED (Type or Print) <u>Eudokia - Nanos</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 55</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>APRIL 9 1877</u>		9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Month: _____ Days: _____		IF UNDER 18 HRS. Hours: _____ Min: _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own house</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Greece</u>			12. CITIZEN OF WHAT COUNTRY? <u>Greece</u>		
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13a. FATHER'S NAME <u>Constantine Mihas</u>			13b. MOTHER'S MAIDEN NAME <u>Vasiliki (UNK)</u>			14. NAME OF HUSBAND OR WIFE <u>Philias Nanos</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-38-9228</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Philip Nanos</u>		ADDRESS <u>430 West Point Ct</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lung cancer</u></u>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Debility</u>					
DUE TO (c)					
3. 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) <u>0</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 12/4/54, 1954, to 6-10, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:44 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Mr. Kumbampala MD</u>		23b. ADDRESS <u>4405 S. Broadway</u>		23c. DATE SIGNED <u>6/12/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. Matthew's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co, MO</u>	
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DATE REC'D BY LOCAL REG. <u>6/13/55</u>		REGISTRAR'S SIGNATURE <u>Harbert R. Danke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miceli Funeral Home</u>		ADDRESS <u>1150 N. Kingshiway</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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, *Elmo R. Padgett*

Licensed Embalmer No. *407*

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.