

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42954**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **2943**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Richmond Heights</b> )		c. LENGTH OF STAY (In this place) <b>10 yrs.</b>		c. CITY OR TOWN <b>Richmond Heights</b>		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 <b>1111 Yale</b>				e. STREET ADDRESS (If rural, give location) <b>1111 Yale</b>				
3. NAME OF DECEASED (Type or Print) <b>Gust Metroulas</b>			a. (First) <b>(also known as)</b>			c. (Last) <b>Gust Constantinos Metroulas</b>		
4. DATE OF DEATH <b>Dec 15 1955</b>			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>Feb. 17, 1894</b>			9. AGE (In years last birthday) <b>61</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Barber Shop</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Larisa, Greece</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Basil Metroulas</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Unknown</b>		
14. NAME OF HUSBAND OR WIFE <b>Zaferia Metroulas</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>489-22-0412</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Zaferia Metroulas</b>			17. ADDRESS <b>1111 Yale Ave.</b>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>arteriosclerotic Heart Disease</b>		
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Congestive Heart failure 1 yr.</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>4200</b>			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) (m.)		
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 <b>1954</b> , to <b>12-15, 1955</b> , that I last saw the deceased alive on <b>11-4, 1955</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.		
23a. SIGNATURE <b>Melvin B. Kerstein</b>			23b. ADDRESS <b>607 N. Grand</b>			23c. DATE SIGNED <b>12-16-55</b>		
24. BURIAL CREMATION (Specify)			24b. DATE <b>12-19-55</b>			24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>			25. ADDRESS <b>4700 Washington Blvd.</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 *Elmer R. Sadwell*.....

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.