

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21943**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5701**

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|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis University City | |
| c. LENGTH OF STAY (In this place) 5 WKS | | d. STREET ADDRESS (If rural, give location) 726 Leland | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital | | | |

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|-----------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) Louis (Elias) Kotis | | | 4. DATE OF DEATH June 13 1956 | | |
| a. (First) | b. (Middle) | | c. (Last) | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Sept 5 1898 | | 9. AGE (In years last birthday) 57 | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 11. IF UNDER 15 HRS: Hours _____ Mins _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Albania | | 12. CITIZEN OF WHAT COUNTRY? Albania | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter | | 10b. KIND OF BUSINESS OR INDUSTRY Lennox Hotel | | | |

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|-------------------------------------------|--|----------------------------------------------------|--|---------------------------------------------------|--|
| 13a. FATHER'S NAME Efthimios Kotis | | 13b. MOTHER'S MAIDEN NAME Anastasia Lialios | | 14. NAME OF HUSBAND OR WIFE Afrodete Kotis | |
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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) no | | 16. SOCIAL SECURITY NO. 492-32-3779 | | 17. INFORMANT'S SIGNATURE OR NAME John Kotis ADDRESS 726 Leland | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) IN AN ATION | | ANTECEDENT CAUSES | | | | |
| DUE TO (b) Carcinoma of Lung | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | |
| DUE TO (c) | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 162x | | | 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) | |
| 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 2-3, 1956, to 6-13, 1956, that I last saw the deceased alive on 6-12, 1956, and that death occurred at 6 a m., from the causes and on the date stated above.

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|------------------------------------------------|--|-------------------|--|-----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE Donald L. Otterman, M.D. | | (Degree or title) | | 23b. ADDRESS 730 Hadicourt | | 23c. DATE SIGNED 6-14-56 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 15 1956 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
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|---------------------------------------------|--|-----------------------------------------|--|-----------------------------------------------------------|--|-------------------------------------|--|
| DATE REC'D BY LOCAL REG. JUN 15 1956 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Miceli & Sons | | ADDRESS 1150 N. Kingshighway | |
|---------------------------------------------|--|-----------------------------------------|--|-----------------------------------------------------------|--|-------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Primary Site

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
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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 this body is not embalmed, fact should be so stated above.