

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

148889

STATE FILE NUMBER

FILED MAY 10 1957

318

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ 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, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>		d. STREET ADDRESS <b>5053 Enright Ave.</b>	
3. NAME OF DECEASED (Type or print) <b>James (AKAS James Caracatsanis) Karras</b>		4. DATE OF DEATH <b>April 24, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 17- 1894</b>
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</b>	11. BIRTHPLACE (City and state or country) <b>Trianda Rhodes, Greece.</b>
13. FATHER'S NAME <b>John Karras</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>169-05-4597</b>	17. INFORMANT <b>William Karras, 6853 Corbitt, St. Louis, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <i>Marriage and shock followed by gunshot to the head of the abdomen, suffered when shot with gun in hands of one. (Carroll Jackson Col) and admitted by one. (Robert Johnson Col) in attack of hold up in the 1100 block of Broadway Ave. about 8:45 p.m. April 19, 1957.</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COMBINATION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of this certificate) <i>see above</i>	
20c. TIME OF INJURY <b>8:45 p.m. 4 19 57</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>1230 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Death or title) <i>Patrick Taylor Carroue</i>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>4-25-57</b>			
23a. BURIAL, CREMATION, REQUIEM (Specify) <b>Burial</b>	23b. DATE <b>4-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington,</b>		25. DATE RECD. BY LOCAL REG. <b>APR 25 57</b>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>

Health, & Welfare Public Service

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All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by §§ 193.140-193.145, R.S.Mo. 1942.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *John D. Embler*  
Licensed Embalmer No. *365*  
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 stated above.