

1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1957

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 1204

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	ST LOUIS COUNTY <u>HOSPITAL</u>	a. STATE	<u>MO</u> COUNTY <u>ST LOUIS</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Inside Limits <u>Clayton, Mo.</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN	Inside Limits <u>4495 RICH. HTS. MO.</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in lb <u>ST LOUIS COUNTY HOSP 2 days</u>	d. STREET ADDRESS (If outside, give location)	Reside on Farm <u>1432 WOODLAND AVE</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>James</u>	Middle	Last <u>Akakeos</u>	4. DATE OF DEATH	Month <u>5</u>	Day <u>17</u>	Year <u>57</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 25 1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LANDSCAPE GARDNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CITY OF RICA HTS.</u>	11. BIRTHPLACE (City and state or country) <u>ATHENS GREECE</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>JAMES AKAKEOS</u>	14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yrs. dir. war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-07-3240</u>	17. INFORMANT <u>Corbu Akakeos</u>	Address <u>1432 Woodland Ave</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>4201</u>
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 5-15-57 to 5-17-57 and last saw him alive on 5-17-57
Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert W. Blalock md</u>	22b. ADDRESS <u>601 So. Brentwood</u>	22c. DATE SIGNED <u>5-17-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 20 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Paul Churchyard</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis City Mo.</u>
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24. FUNERAL DIRECTOR <u>J. H. Proslage</u>	ADDRESS <u>6536 Clayton Rd</u>	25. DATE RECD. BY LOCAL REG. <u>5-19-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Dumble md</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other, coroner, etc. must use only standard forms. No symptoms will be stated. All other, coroner, etc. must use only standard forms. No symptoms will be stated.

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 *G. W. Wilkins*
Licensed Embalmer No. *35*

P. O. Address *St. Louis*

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.