

No. 300  
10.48  
FILED JUL 26 1957THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26308

State File No.

318

1003

Registrar's No. 6628

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>✓</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. If 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>Firmin Desloge</u>				e. STREET ADDRESS (If rural, give location) <u>1210 5089 Westminster</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tasilia</u>		b. (Middle)		c. (Last) <u>Leonardos</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 57</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 20, 1918</u>	
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 12 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>6</u> <u>Corinth, Greece</u>		12. CITIZEN OF WHAT COUNTRY? <u>Greece</u>	
13a. FATHER'S NAME <u>Theodore Andartis</u>			13b. MOTHER'S MAIDEN NAME <u>Magdelene Kidis</u>			14. NAME OF HUSBAND OR WIFE <u>James Leonardos</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Leonardos, 5089 Westminster</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease 3 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumothorax</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>7/5/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Aortic &amp; mitral stenosis 41.0 X</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>7-4</u> , 1957, to <u>7-12</u> , 1957, that I last saw the deceased alive on <u>7-12</u> , 1957, and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Z. Bolton M.D.</u>				23b. ADDRESS <u>3847 Humphrey</u>		23c. DATE SIGNED <u>7-12-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-16-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Athens, Greece</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>JUL 16 57</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(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 *Melvin J. Kesner*

Licensed Embalmer No. *4027*

P. O. Address *2575 Oak St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.