FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33162
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8015

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Jewish Hospital — Inside Limits Yes X No ☐	c. CITY OR TOWN University City 4356 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Length of stay in 1b 14	d. STREET ADDRESS (If outside, give location) 6850 Roberts Ave 27 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Christ — Middle: — Last: Anagnos		4. DATE OF DEATH Month: August Day: 26, Year: 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec 23, 1883
9. AGE (In years last birthday): 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer	10b. KIND OF BUSINESS OR INDUSTRY: Grocery	11. BIRTHPLACE (City and state or country): Mulatsi Arcadia, Greece 6	12. CITIZEN OF WHAT COUNTRY? No.
13. FATHER'S NAME: John Anagnos		14. MOTHER'S MAIDEN NAME: Stella (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: John Anagnos, 5648 St. Louis, Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH: Few Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Metastatic Carcinomatosis - Chest — (?)

DUE TO (c) Primary Carcinoma of Lung — (?)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 162x

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/27/57, to 8/26/57 and last saw ~~her~~ him alive on 8/26/57

Death occurred at 10 am on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) Alvin Goldfarb MD	22b. ADDRESS 100 N Euclid Ave	22c. DATE SIGNED 8/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-30-57	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,	25. DATE RECD. BY LOCAL REG. AUG 27 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin L. Kemp

Licensed Embalmer No. 40

P. O. Address 4911 Washin St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.