

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 45 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 10117 Monarch Dr.	

3. NAME OF DECEASED (Type or print) EMANUEL SPANOPOULOS			4. DATE OF DEATH Aug. 11 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/21/1906	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Aircraft		11. BIRTHPLACE (City and state or country) Greece	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME J. K. Spanopoulos		13b. MOTHER'S MAIDEN NAME Stavrula Kanellis	
14. NAME OF HUSBAND OR WIFE Margrite Spanopoulos		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 05 6693	
17. INFORMANT Margurite Spanopoulos		Address 10117 Monarch Dr.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abcess - ruptured diverticulum Diverticulitis DUE TO (b) 572.1 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6/2/60
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 St. Louis	COUNTY Mo.	STATE
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21. I attended the deceased from 6/26/60 to 8/14/60 and last saw ^{her} him alive on 8/13/60 Death occurred at 8/14/60 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE L. J. Hayden M.D.	(Degree or title)	22b. ADDRESS 730 Hadisimouth	22c. DATE SIGNED 8/10/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/17/1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis	Mo.
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24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 16 1960	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter R. Buck

Licensed Embalmer No. 455

P. O. Address St. Louis

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