

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042698

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11198 STATE FILE NUMBER

FILED DEC 12 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2338a Albion Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY _____

3. NAME OF DECEASED (Type or print) First Sophia Middle _____ Last Menos 4. DATE OF DEATH Month 11 Day 30 Year 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/27/1897 9. AGE (last birthday) 64 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Greece 12. CITIZEN OF WHAT COUNTRY R Greece

13a. FATHER'S NAME George Marjolis 13b. MOTHER'S MAIDEN NAME Irene Georges 14. NAME OF HUSBAND OR WIFE George

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. None 17. INFORMANT Mrs. Bessie Kontomines Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral thrombosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
 DUE TO (c) 332x
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

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

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 10-31-61 to 11-30-61 and last saw her/him alive on 11-30-61. Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph Smith (Degree or title) 22b. ADDRESS 5800 Arsenal, St. 22c. DATE SIGNED 12/1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-2-61 23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery 23d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____

24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington Blvd ADDRESS _____ 25. DATE RECD. BY LOCAL REG. DEC 1 1961 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

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,

X or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin P. Kemper

Licensed Embalmer No. 4052

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 so stated above.