

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040592

Registration District No. **318**

District No. **1003**

Registrar's No. **9763**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

|   |  |  |                                 |  |  |
|---|--|--|---------------------------------|--|--|
| <b>FILED OCT 19 1962</b>  |  | 1. PLACE OF DEATH<br>a. COUNTY <b>Missouri</b>   |                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MO.</b>  |  | Length of stay in 1b   |                                 | c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP.#.1</b>                                    |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                 | d. STREET ADDRESS (If outside, give location) <b>205 So. Broadway</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |  |
| 3. NAME OF DECEASED (Type or print) <b>Emmanuel Pananakis (also known as) Mike Panos</b>  |  |  | 4. DATE OF DEATH <b>10-7-62</b> |  |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>  |                                 | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     |  |
| 8. DATE OF BIRTH <b>Unknown</b>   |  | 9. AGE (last birthday) <b>70?</b>  |                                 | 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) <b>Waiter</b>                                     |  | 10b. KIND OF BUSINESS OR INDUSTRY  |                                 | 11. BIRTHPLACE (City and state or country) <b>Hania, Crete, Greece</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY <b>Unknown</b>  |  | 13a. FATHER'S NAME <b>Unknown</b>  |                                 | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  |
| 14. NAME OF HUSBAND OR WIFE <b>None</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |                                 | 16. SOCIAL SECURITY NO. <b>Unknown</b>   |  |
| 17. INFORMANT <b>Elva C. Tompras, 5188 Eichelberger</b>   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Renal Failure (Tubular necrosis)</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic hepatic insufficiency</b><br>DUE TO (c) <b>Common duct calculus</b> |                                 | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>584X</b> |  |  |                                 | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)   |  |
| 20c. TIME OF INJURY Hour . . . . . Month, Day, Year<br>a.m. p.m.  |  | 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  |  |
| 21. I attended the deceased from <b>9-17-62 11:30 p.m.</b> to <b>10-7-62</b> and last saw her/him alive on <b>10-7-62</b>                     |  | Death occurred at . . . . . m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                 |  |  |
| 22a. SIGNATURE <b>Walter E. Byrd, M.D.</b> (Degree or title)  |  | 22b. ADDRESS <b>1515 LAFAYETTE AVE</b>   |                                 | 22c. DATE SIGNED <b>10-7-62</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 23b. DATE <b>10-15-62</b>  |                                 | 23c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>  |  |
| 23d. LOCATION (City, town, or county) <b>St. Louis, Missouri.</b>   |  | 23e. STATE (State)   |                                 |  |  |
| 24. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>  |  | ADDRESS  |                                 | 25. DATE RECD. BY LOCAL REG. <b>OCT 13 1962</b>  |  |
| REGISTRAR'S SIGNATURE <b>Head Smith, M.D.</b>   |  |  |                                 |  |  |

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

BYRD USE BLACK INK OR TYPEWRITER RIBBON

**75**

**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 Mervin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington  
St Louis, 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.