No. 2
1-4-41
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X2520

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1942

7917

State File No. 39989

Registration District No. 1003

Primary Registration District No.

Registrar's No. 9699

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Madison City (If outside city or town limits, write "RURAL")

(d) Street No. 1707 Edwardsville Rd. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gus Paliouris

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 15 (Day) 1881 (Year)

8. AGE: Years 60 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace (City, town, or county) Greece (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Own Business

FATHER
12. Name James Paliouris
13. Birthplace (City, town, or county) Greece (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Jessie Paliouris

(b) Address 1707 Edwardsville Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.-Gr. City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 8 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 22 1941 to December 6 1941; that I last saw him alive on December 6 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Miliary Tuberculosis Lungs affected	Undetermined
Due to	
Other conditions Staphylococcus septicemia (Include pregnancy within 3 months of death)	2 mo.

Major findings:
Of operations 136
Of autopsy 23

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature David Nafe Kerr (M. D. or other) MD

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address 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 this body is not embalmed, fact should be so stated above.