7. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

Registration District No. 218

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26106

Registrar's No. 7004

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96 St. Louis
(c) City or town Baldwin
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Papavasiliou

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 17 (Day) 1887 (Year)

8. AGE: Years 54 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Spero Papavasiliou
13. Birthplace Unk. (City, town, or county) Greece (State or foreign country)

MOTHER
14. Maiden name Elaine Psomas
15. Birthplace Unk. (City, town, or county) Greece (State or foreign country)

16. (a) Informant Peter Papavasiliou
(b) Address East St. Louis, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.

19. (a) AUG 20 1942 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1942 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from July 29, 1942, to August 19, 1942, that I last saw him alive on August 19, 1942, and that death occurred on the date and hour stated above:

Immediate cause of death: Carcinomatosis of the peritoneal cavity - primary site unknown.

Due to:

Other conditions: Emphysema - senile
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

Duration

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 Helen C. Reller (M. D.)
Address BARNES HOSPITAL Date signed 8/19/42

(Licensed Embalmer's Statement on Reverse Side)

#P

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 G. J. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.