

**FILED** OCT 16 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8623**

**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:  
**St. Luke's Hospital** *0*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** **Xenophon Dorbarakis**

**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** **Irene Dorbarakis** **6. (c) Age of husband or wife if** alive **50** years

**7. Birth date of deceased** **November 2 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	11	4	hr. _____ min.

**9. Birthplace** **Greece** *0*  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Operator**

**11. Industry or business** **Shoe Machine**

MOTHER FATHER

**12. Name** **Demetritis Dorbarakis**

**13. Birthplace** **Greece** *6*  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Angeliki Unknown**

**15. Birthplace** **Greece** *6*  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Irene Dorbarakis**

**(b) Address** **5017 Kensington Ave.**

**17. (a) Burial** **(b) Date thereof** **10-9-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **St. Matthews Cemetery**

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

**(b) Address** **4700 Washington Blvd.**

**19. (a) OCT 7 1946 (b) J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5017 Kensington Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct** day **6**  
 year **1946** hour **8:04** minute **17** M.

**21. I hereby certify that I attended the deceased from** **1 Oct**  
 19 **46** to **6 Oct.** 19 **46**

that I last saw him alive on **6 Oct.** 19 **46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Concurrent heart failure**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Hemiplegia from cerebro-vasc. accident**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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) (e) Means of injury \_\_\_\_\_

**23. Signature** **J. F. Bredeek** (M. D. or other) **J. F. Bredeek**  
 Address **5535 Federal** Date signed **6 Oct 46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 *Henry M. Brammer*.....

Licensed Embalmer No. *4200*.....

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.**