

S. No. 2
 OM-5-43
 v. 5-17-39
 X36671

2971

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

384

FILED JAN 27 1947
 66828 318
 Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri.
 (c) Name of hospital or institution: St. Louis City Hospital - Dr. C. Starkloff
 (d) Length of stay: 40 years
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis
 (d) Sweet No. 3162 "Oak Hill St."
 (e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME JAMES PAPPAS
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 488-09-5406

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 11th
 year 1947 hour 11:30 minute A M.
 21. I hereby certify that I attended the deceased from Jan. 6th

4. Sex male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minnie
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Jan 15 1889

that I last saw h. in live on 2/11/47
 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 11 Days 26
 If less than one day _____ min.

Immediate cause of death Cerebral hemorrhage massive, bilateral
 Due to HT.
 Due to Hypertension

9. Birthplace Macedonia Greece

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy as above

10. Usual occupation _____
 11. Industry or business Carsonant Shoe Co

MOTHER FATHER
 12. Name _____
 13. Birthplace _____
 14. Maiden name _____
 15. Birthplace _____

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

16. (a) Informant Minnie Pappas
 (b) Address 3162 "Oak Hill"

While at work _____
 (Specify type of place) _____
 (c) Means of injury _____
 17. (a) Burial (b) Date thereof Jan 14-47
 (c) Place: burial or cremation all S.S. P.C.S. and fruit

18. (a) Signature of funeral director J. F. Brecken
 (b) Address 2024 Lafayette
 19. (a) JAN 13 1947 (Date received local registrar)
 (b) J. F. Brecken (Registrar's signature)

18. (a) Signature J. F. Brecken
 (b) Address 1515 Lafayette
 (c) Date signed 1/13/47

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

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 *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *3029 Lafayette Ave*

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.