

No. 2  
-12-45  
-5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6786**  
**1877**  
Registrar's No.

Registration District No. **318** Primary Registration District No.

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: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2yrs. 9mos. 6ds.**  
In this community **12 yrs.**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **NICHOLAS PAPPAS (Papadoplous)**  
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 **Married**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **about 1886?**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**about 61?** hr. min.

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

10. Usual occupation **Restaurant Cook**

11. Industry or business **John Papadoplous**

12. Name **Greece**  
(City, town, or county) (State or foreign country)

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

14. Maiden name **not given**

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

16. (a) Informant **Clara Robinson**  
(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **2/27/47**  
(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) **FEB 24 1947** (b) **J. J. Bredbeck**  
(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. **City Sanitarium 5400 Arsenal**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **23**,  
year **1947** hour **12.50** minute **A.** M.  
21. I hereby certify that I attended the deceased from **Jan.**  
**1**, 1946, to **Feb. 23**, 1947,  
that I last saw him alive on **Feb. 23**, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
**Arteriosclerotic Heart Disease 3yrs.x**  
Due to **Senility**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **J. Schiller** (M. D. or other) \_\_\_\_\_  
Address **5400 Arsenal St.** Date signed **2/23/47**

**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. Allen Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address. *St. Louis*

**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.**