S: No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19221

Registrar's No. 5164

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

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. Lukes Hospital.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 6242 Delmar Blvd., 9
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME DOROS PAPPAS.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Irene D. Pappas

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased December (Month) 25 (Day) 1890 (Year)

8. AGE: Years 56 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Thrace, (City, town, or county) Greece. 6 (State or foreign country)

10. Usual occupation Sec. & Tres.

11. Industry or business Pappas Pie Company.

FATHER
12. Name Basilias Pappas.
13. Birthplace Thrace, (City, town, or county) Greece. 6 (State or foreign country)

MOTHER
14. Maiden name Roxana unknown
15. Birthplace Thrace, (City, town, or county) Greece. 6 (State or foreign country)

16. (a) Informant Mrs. Irene Pappas.
(b) Address 6242 Delmar Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.,
(b) Address 7233 Delmar Blvd.

19. (a) MAY 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3/15/47, 19, to 5/21/47, 19; that I last saw him alive on 5/21/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	sudden
Due to: Arteriosclerosis	5 yrs.
Due to: Essential hypertension, grade	3 ?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94 a

PHYSICIAN

Underline the cause of 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 Alexander J. Kothes (M. D. or other)

Address 462 N. Taylor Date signed 5/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr.A.F.Kotkis.
462 No. Taylor Ave.,
JE 3010
1 to 4 P.M.

8/

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.