No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19222

Registrar's No. 4988

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish 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 St. Louis 96

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1032 Commodore Drive., 3
(If rural, give location)

NR,

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank Paul Pappas

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 15 (Day) 1947 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business

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

MOTHER
14. Maiden name Frances Paine
15. Birthplace Bowling Green (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Paul Pappas
(b) Address 1032 Commodore Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/47 (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) MAY 17 1947 (Date received local registrar) (b) J. F. Brenick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1947 hour 7 minute 32 P. M.

21. I hereby certify that I attended the deceased from May 15, 1947 to May 16, 1947
that I last saw him alive on May 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bron | Duration 1 day

Due to

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia

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 0

23. Signature Max J. Goldenson, (M. D. or other)

Address 508 N. Grand Date signed 5/18/47

Max J. Goldenson

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Ernest W. Gillard

Licensed Embalmer No. 4060

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.