FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3185

Registrar's No. 1075

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2256 Yale Avenue 3
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME James Vangelos
3. (b) If veteran, name war None
3. (c) Social Security No. 486-22-5915
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Katherine Vangelos
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased December (Month) 25 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
52	1	6	hr. min.

9. Birthplace Unknown (City, town, or county) Greece (State or foreign country) 6
10. Usual occupation Retired Salesman
11. Industry or business Real Estate
FATHER
12. Name Unknown Vangelos
13. Birthplace Unknown (City, town, or county) Greece (State or foreign country) 6
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Greece (State or foreign country) 6
16. (a) Informant Katherine Vangelos
(b) Address 2256 Yale Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/48 (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 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1948 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from January 20, 1948, to February 1, 1948; that I last saw him alive on February 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma - Liver, Lungs ? Brain	over 4 mo.
Due to Carcinoma of Stomach	over 4 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Stomach (done in California, verbal report)
Of autopsy .....

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 6
23. Signature David Nafe Kerr (M. D. or other) MO
Address 4500 Olive St. Date signed 2-2-48

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

WRITE PLAINLY—USING 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.....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.