

FILED APR 5 1948
Registration District No. 377

Primary Registration District No. 3069

196
8
3

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's 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

3. (a) PRINT FULL NAME Penelope Daoukas

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Sarantis Daoukas

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 13 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>0</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Thomas Gougoushi

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

14. Maiden name Unknown

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

16. (a) Informant Sarantis Daoukas

(b) Address 727 Doddridge

17. (a) Burial (b) Date thereof 3-29-48
(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) 3-27-48 (b) Paul E. Shapton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 727 Doddridge
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 31 1942 to Mar 25 1948
that I last saw her ER alive on MAR 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis Duration 24 hrs

Due to Bladder Tumor of Urinary Bladder yes

Due to Probably Papillary Bladder 29 hrs

Other conditions 36 2

(Include pregnancy within 3 months of death)

Major findings: Bladder Papilloma

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)

(e) Means of injury D

23. Signature 7/7/Thamolovsky M.D. (M.D. or other)

Address 486 Locust St. St. Louis Date signed 3/26/48

MAY 3 1944

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. Spillars

- - Licensed Embalmer No. 4080

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.