

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43705

State File No.

FILED DEC 24 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11281

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Virmin Des Loge Hospital		d. STREET ADDRESS (If rural, give location) 4006 Maffitt	
3. NAME OF DECEASED (Type or Print) a. (First) Lora b. (Middle) Neil c. (Last) Pappademos		4. DATE OF DEATH (Month) (Day) (Year) 12 6 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 9, 1892
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 7	IF UNDER 1 HRS. Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemother		10b. KIND OF BUSINESS OR INDUSTRY Girl's Home	11. BIRTHPLACE (State or foreign country) Shelby County, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Unavailable	
13b. MOTHER'S MAIDEN NAME Sara (unknown)		14. NAME OF HUSBAND OR WIFE Nicholas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME John Pappademos		ADDRESS 4006 Maffitt	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) New arrhage follow ing radical masectomy suffered during operation for colostomy at Virmin Des Loge Hospital. DUE tax Dec 6 1952 at approx 5:50 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 6 52 5:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 170X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on Dec 6 1952 at 5:50 pm , from the causes and on the date stated above.	
23a. SIGNATURE John Pappademos		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/8/52		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/8/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State). St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME	
25. ADDRESS Charles J. Gates, 4107 Finney Avenue		DATE REC'D BY LOCAL REG. DEC 8 1952	
REGISTRAR'S SIGNATURE Carl Smith M.D.		6, P. (Licensed Embalmer's Statement on Reverse Side)	

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

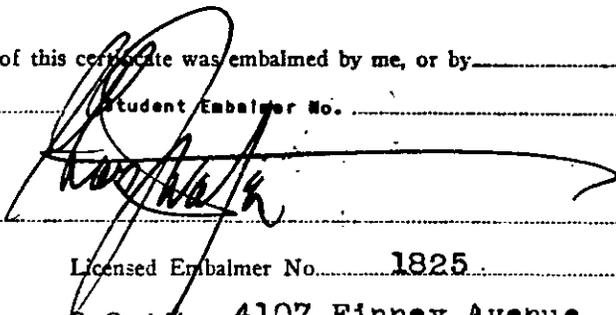
Address Carcancee

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 _____

.....
Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.