N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 27 1931

6888

1. PLACE OF DEATH

County St. Louis — Registration District No. 786 — File No.

Township Central — Primary Registration District No. 4469 — Registered No. 19

City Maplewood (No. 3496 Manhattan Ave. St. Ward)

2. FULL NAME James D. Phiropoulos.

(a) Residence. No. 3496 Manhattan Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Child.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-23-1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	11	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maplewood Mo. 1

PARENTS

10. NAME OF FATHER Harry P. Phiropoulos.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Greece 11

12. MAIDEN NAME OF MOTHER Jessie Duff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

14. INFORMANT Mrs. Jessie Phiropoulos.
(Address) 3496 Manhattan Ave.

15. FILED 2/10 1931 Mercedes Schuster REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Feb 9, 1931 that I last saw him alive on Feb 9, 1931, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7 Acute Meningitis

79A

10 &C (duration) About 3 weeks yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Measles and Bronchitis (duration) About 5 weeks yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) V. B. Cosby, M. D.

2/10/, 1931, (Address) Maplewood, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cemetery	Feb 11 1931
20. UNDERTAKER	ADDRESS 7146
Groghan Und. Co.	Manchester Ave.