MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
22839

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1008 ..... Registered No. 6267

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Thomas Theodore

(a) Residence. No. 4507 McMillan Ave. St. 17 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1992

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	Unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work President 951

(b) General nature of industry, business, or establishment in which employed (or employer) Theodore Chocolate Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Greece 11

PARENTS

10. NAME OF FATHER Ernest Theodore

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

12. MAIDEN NAME OF MOTHER Stavrula Lymperobulos

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Greece

14. INFORMANT Mrs Calliope Theodore
(Address) 4507 McMillan Ave

15. FILED ..... 4, 1931 Kray C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1931 to June 2, 1931 that I last saw him alive on June 2, 1931 and that death occurred, on the date stated above, at 9.35 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

"La grippe"

118

36

120

(duration) -- yrs. -- mos. 10 ds.

CONTRIBUTORY (SECONDARY) Staphylococcic septicemia, acute hemorrhagic nephritis.

(duration) -- yrs. -- mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis, Mo.

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? blood culture.

(Signed) Sidney S Levin, M. D.

6/3, 1931 (Address) 634 N. Grand Blvd.

*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 St Matthews Cemetery — DATE OF BURIAL 6/5 1931

20. UNDERTAKER Arthur J Donnelly Undt Co — ADDRESS 2039 Wash St

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.