

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

Do not use this space.

10039

1. PLACE OF DEATH
 96 County St. Louis, Registration District No. 1170
 7 Township, Primary Registration District No. 6248H
 7 City Richmond Heights, (No. 7492 Wise av., File No. _____
 _____ Registered No. 68
 _____ St. _____ Ward _____

2. FULL NAME Ida D. Pappas,
 (a) Residence, No. 7492 Wise St. St. Louis 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1882-1-15

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home, 235'

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece, //

13. NAME Demitrius Pappasious,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece,

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece.

17. INFORMANT Nick Pappas
 (ADDRESS) 7492 Wise av.,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews, DATE 3/28/32.

19. UNDERTAKER Robert J. Ambruster
 (ADDRESS) Clevton Road at Concordia Lane

20. FILED 3/26 1932 C. B. Jewen
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April - 1927 to March 25th, 1932.
 I last saw her alive on March 25th, 1932. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Eudocarditis and
108 Pneumonia - lobar
108
 Other contributory causes of importance:
Streptococcus of lung
standing (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Joseph T. Greath, M. D.
 (Address) 1915 Big Bend Rd.
7212 a Woodland Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 29 1932

