

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

Do not use this space.

21046

**1. PLACE OF DEATH**

County..... Registration District No. 101  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 759a., North Euclid Ave. St. .... Ward)

File No. .... **5549**  
 Registered No. ....

**2. FULL NAME** Sam Pappas

(a) Residence, No. 759a. N. Euclid Ave. St. 12 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10; 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 5 #

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104  
 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) Corinth Greece 11

13. NAME Pete Pappas

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

15. MAIDEN NAME Elizabeth Castas

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

17. INFORMANT Fanny Pappas (ADDRESS) 759a. North Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cemetery DATE June 13; 1932

19. UNDERTAKER Shragley & Son (ADDRESS) 211 S. 7th St. St. Louis

20. FILED 19 Max E. Standley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10; 1932

22. I HEREBY CERTIFY, that I attended deceased from May 25 1932, to June 10, 1932

I last saw him alive on June 10, 1932. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
82A 87  
JDN

Date of onset 6/10/32  
Several years

Other contributory causes of importance:  
Arteriosclerosis D

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? No  
 If so, specify. Arthur J. Kleykamp, M. D.  
 (Signed) 3834 fr. Louis Ave.  
 (Address)

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.

