

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

Do not use this space.

17910

1. PLACE OF DEATH

County..... Registration District No.

Township..... Primary Registration District No. 791

City St. Louis (No. City Hospital)

File No.
Registered No. 4104
St. Ward)

2. FULL NAME

(a) Residence, No. 315 Rutgers St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14th - 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	50	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

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 Peter Gilperas

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

15. MAIDEN NAME Helen Unknown

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

17. INFORMANT Hospital information Grace Kopp (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL St. Marys Cemetery 5-10-33

19. UNDERTAKER W. Hedderle (ADDRESS) 2331 St. Marys

20. FILED 44-8-1933 F Hedderle Registrar.

MEDICAL CERTIFICATE OF DEATH

4
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th. 1933

22. I HEREBY CERTIFY That I attended deceased from April 25th 1933 to May 6th 1933
I last saw him alive on May 6th 1933 Death is said to have occurred on the date stated above, at 9:15 am

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

Abscess of the right flank
1230
121

Other contributory causes of importance:
Old fecal fistula following operation for appendicitis

Name of operation Bowel Resection Date of 5-5-33

What test confirmed diagnosis? clinical 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 related to illness

(Signed) Walter S. Gilmer, M. D.

(Address) City Hospital

Medical Director.

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.

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

