

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

Do not use this space.

30845

1. PLACE OF DEATH

County St. Louis County / Mo. Registration District No. 790
 Township Clayton Primary Registration District No. 60350
 City St. Louis (No. St. Louis County Mo.) St. _____ Ward _____

File No. _____
 Registered No. 84

2. FULL NAME

(a) Residence, No. 7492 Wise St. Rich. W. 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 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 Bessie Pappas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 23rd, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary
 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 Unknown Pappas

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

15. MAIDEN NAME Ida Pappasgiouis

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

17. INFORMANT Bessie Pappas
 (ADDRESS) 7492 Wise Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Sept. 8th, 1933

19. UNDERTAKER Robert J. Luckenstar
 (ADDRESS) 6633 Clayton Rd

20. FILED 9/7/33 1933 Robert J. Luckenstar
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/23/33, 1933 to 9/6/33, 1933.
 I last saw h. em alive on 9/6/33, 1933. Death is said to have occurred on the date stated above, at 5:05 PM.
 The principal cause of death and related causes of importance were as follows:

Malignant Hypertension Date of onset 7
1932
102 132 B
 Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? yes 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? No
 If so, specify _____
 (Signed) J. J. Casagrande M. D.
 (Address) St. Louis County Mo.

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.

SEP 20 1933

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