

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.

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 7)

Registration District No. 791
Primary Registration District No. 1003

File No. 7982
Registered No. 1407
St. Ward)

2. FULL NAME

Nick Panagos
(a) Residence, No. 3912 Ashland St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>4</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>nil</u>
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greece</u>	
FATHER	13. NAME <u>George Panagos</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greece</u>
MOTHER	15. MAIDEN NAME <u>not known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greece</u>
17. INFORMANT (ADDRESS) <u>City Hosp #1</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walhalla Cem.</u> DATE <u>Oct 2nd 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Wm. Leidner and Co. 1417 N. Market St.</u>	
20. FILED <u>FPB 1 1937</u> Registrar <u>J. Bredeck</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1937

22. I HEREBY CERTIFY That I attended deceased from 1/9/37 1937 to 1/30/37 1937.
I last saw him alive on 1/30/37 1937. Death is said to have occurred on the date stated above, at 12:32 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Gonorrhoea Date of onset 25
Other contributory causes of importance:
Gonorrhoeal Arthritis Cellulitis right leg

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) Geo. Kerlhoff, M. D.
(Address) City Hospital

