

REC'D JUN 14 1938

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

Do not use this space. *a*

19593

1. PLACE OF DEATH

County Saint Louis
 Township Canon delat
 City Jefferson Barracks (No. 3)

Registration District No. 784
 Primary Registration District No. 200
Veterans Hospital

File No. _____
 Registered No. 991
 St. _____ Ward _____

2. FULL NAME Theodore Tripolitis

(a) Residence, No. 4027a McBee Street St. _____ Ward. Saint Louis, Missouri
 (Usual place of abode) Unka (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 Mrs. Louise Tripolitis
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1897

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

41 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef
 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) Athens,
 (STATE OR COUNTRY) Greece

FATHER 13. NAME Theodore Tripolitis

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

MOTHER 15. MAIDEN NAME Mataxas Haizee

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

17. INFORMANT Medical Clerk, VAF Jefferson
 (ADDRESS) Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE June 9, 1938

19. UNDERTAKER C. Hoffmeister Und. & L. Co.
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED JUN 8 1938 D.R. Meyer M.D. D.P.H. Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, 19....., to June 6, 1938

I last saw him alive on June 6, 1938 Death is said

to have occurred on the date stated above, at 6:45 Pm.

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

Echinococcus Cyst, left kidney Date of onset 14 yrs.

Other contributory causes of importance:

None

Name of operation Drainage of cyst Date of 6-1-38

What test confirmed diagnosis? Phy. clinical manif. and lab. 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) C. W. HUGHES, Chief Medical Offi., M. D.

(Address) VAF Jefferson Barracks, 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.

1938

