

JAN 11 1938

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

41428
Do not use this space.

791
1008

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Argyria Kanallopoulos
 (a) Residence, No. 608 Elm St. St. 25
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 61
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
 9. Industry or business in which work was done, as saw mill, bank, etc. Restaurant
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Greece
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 17. INFORMANT Walter Moore M. D.
 (ADDRESS) 5400 Arsenal St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Dec. 27 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.
 20. FILED DEC 27 1938 J.D. Budich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-38 19

22. I HEREBY CERTIFY, That I attended deceased from 10-10-38, 19, to 12-23-38, 19

I last saw him alive on 12-23-38, 19, Death is said to have occurred on the date stated above, at 1:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease Date of onset 10-10-38-x
Manic Depressive Psychosis (Despondant Phase) (10-10-38-x)
 Other contributory causes of importance:
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) W. L. Moore, M. D.
 (Address) 5400 Arsenal St.

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.

Edna Marie ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.