

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 6033a Horton Pl. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 30 years  
 years, months or days)

3. (a) PRINT FULL NAME Peter B. Douros3. (b) If veteran, name war No 3. (c) Social Security No. 488 12-44604. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 --- --- --- --- alive --- years7. Birth date of deceased August 15 1893  
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
47 2 3 hr. min.9. Birthplace Greece 7  
 (City, town, or county) (State or foreign country)10. Usual occupation Labor 711. Industry or business General 712. Name William B. Douros 713. Birthplace Greece  
 (City, town, or county) (State or foreign country)14. Maiden name Rine Karmakis15. Birthplace Greece  
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature James B. Douros(b) Address 6033a Horton Pl17. (a) Burial (b) Date thereof Oct. 21/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Jos. W. Clark(b) Address 1125 Hodiament Ave19. (a) OCT 21 1940 (b) J. F. [Signature]  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6033A Horton #1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 30 years.

## 'MEDICAL' CERTIFICATION

20. DATE OF DEATH: Month October day 18  
 year 1940 hour 5 minute 40 AM.21. I hereby certify that I attended the deceased from  
August 15, 1940, to October 17, 1940,  
 that I last saw him alive on October 17, 1940,  
 and that death occurred on the date and hour stated above.Immediate cause of death Thrombosis my heart 2 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arterial hypertension 7 months  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (Specify type of place)

While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature A. J. Killalee (M. D. or other)Address 877 N. [Signature] Date signed 10/18/40

NOV 16 1940

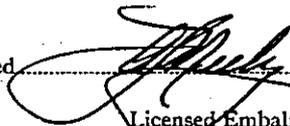
Killadee Mill  
3542 Franklin Ave.

**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. 3225

P. O. Address 1125 Hodiament Ave.

**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.**