

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
**at City Hospital, from;**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Gus Spanopoulos**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **189-01-6476**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Florence**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 30 1909**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**30 10 12** hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Awning Worker**

11. Industry or business **Baptiste Tent Co.**

12. Name **Ippokrates Spanopoulos**

13. Birthplace **Turkey**  
(City, town, or county) (State or foreign country)

14. Maiden name **Stavroula Kanellis**

15. Birthplace **Greece**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmanuel Spanopoulos**  
(b) Address **4001 Greer Ave.**

17. (a) **Burial** (b) Date thereof **11/14/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetary**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Ave.**

19. (a) **NOV 13 1940** (b) **J. B. Budick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4001 Greer Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

20. DATE OF DEATH: Month **November** day **12th**  
year **1940** hour **12.** minute **40** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage (Apoplexy).**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Alfred Perry** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **11/13/40**

FILED DEC 11 1940

MEDICAL CERTIFICATION

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 4 1941

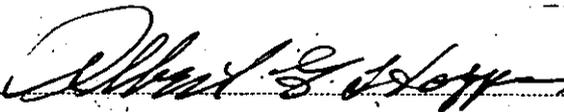
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STATEMENT BY LICENSED EMBALMER

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. 2971

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, fact should be so stated above.