V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15551

FILED APR 27 1942

Registration District No. 134

Primary Registration District No. 115

Registrar's No. 896

94
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town University City, Mo.,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7006 Delmar Boulevard.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York. (b) County Westchester,
(c) City or town Yonkers,
(If outside city or town limits, write "RURAL")
(d) Street No. #74 Elliott Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME URANIA POULO.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female.

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Unknown Poulo.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 10, (Day) 1881. (Year)

8. AGE:

Years	Months	Days	If less than one day
60.	8.	10.	hr. min.

9. Birthplace Smyrna, (City, town, or county) Turkey. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Alexander Papadopaulos.
13. Birthplace Smyrna, (City, town, or county) Turkey. (State or foreign country)

MOTHER
14. Maiden name Helen Antoniow.
15. Birthplace Smyrna, (City, town, or county) Turkey. (State or foreign country)

16. (a) Informant E. J. Critzas.
(b) Address 7006 Delmar Blv'd.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 4/22/42. (Month) (Day) (Year)
(c) Place: burial or cremation Yonkers, New York.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) APR 21 1942 (Date received local registrar) (b) C G McGarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th, year 1942. hour 8:00 minute a M.

21. I hereby certify that I attended the deceased from April 17, 1942, to April 20, 1942 that I last saw her alive on April 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	
Embolus cardialis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature Emmy Ross (M. D. or other)
Address 1918 E. Grand Date signed

107 (Licensed Embalmer's Statement on Reverse Side)

Dr. Emmy Noss
1918 E. Grand
CE 4111
1-3-9-10

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City M

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.