V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 101

34870

State File No.

Registrar's No. 2265

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pronounced dead on arrival at St. L. Co. Hosp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. L. 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 500 Donne Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John G. Phiambolis

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Hennrietta PHIAMBOLIS

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 27 (Day) 1891 (Year)

8. AGE: Years 51 Months 2 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Greece 6 (State or foreign country)

10. Usual occupation Attorney

11. Industry or business .....

FATHER
12. Name Peter Phiambolis
13. Birthplace ..... (City, town, or county) Greece 6 (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) ..... (State or foreign country)

16. (a) Informant Mrs. Henrietta Phiambolis
(b) Address 500 Donne Ave. University City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemty

18. (a) Signature of funeral director LOUIS H. BOPP, Inc.
(b) Address Kirkwood

19. (a) OCT 31 1942 (Date received local registrar) (b) E. G. McGarvan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 1941, 1941, to Oct 29, 1941; that I last saw him alive on Oct 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary hemorrh	15 min.
Due to Metastatic Carcinoma	?
Due to Carcinoma larynx	?
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations .....
Of autopsy .....

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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 L. E. Friedman (M. D. or other)
Address 4500 Olive Date signed 10/30/42

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.