

JAN 26 1943

1003

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Weeks
In this community 39 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7047 Kingsbury Blvd.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN GEORGE FRANGOULIS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Praxithea Frangoulis 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. 8th., 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 9 hr. min.

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

10. Usual occupation Meat Packer

11. Industry or business

12. Name George Frangoulis

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

14. Maiden name Marie Unknown

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

16. (a) Informant Mrs. Praxithea Frangoulis
(b) Address 7047 Kingsbury Blvd.

17. (a) Burial (b) Date thereof 1-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 19 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1943 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from December 12, 1942 to January 17, 1943; that I last saw h. IM. alive on January 17, 1943 and that death occurred on the day and hour stated above.

Immediate cause of death Hypertension, Cardiovascular disease with cardiac decompensation, Hepatic insufficiency.

Due to

Other conditions (Include pregnancy within 3 months of death) 93

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 J. R. Bradley, M.D. (M. D. or other)
Address BARNES HOSPITAL Date signed 1-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.