205
S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30423

Registrar's No. 8001

1. PLACE OF DEATH:

(a) County: St. Louis Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17 16

(d) Street No.: 3971 Cleveland Avenue. (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: John Stauropolous

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: About (Month) 1886 ? (Day) (Year)

8. AGE: Years 57? Months ? Days ? If less than one day hr. min.

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

10. Usual occupation: Chef

11. Industry or business: Restaurant

FATHER 12. Name: Nicholas Stauropolous

13. Birthplace: Unavailable (City, town, or county) Greece 6 (State or foreign country)

MOTHER 14. Maiden name: Helen Unavailable

15. Birthplace: Unavailable (City, town, or county) Greece 6 (State or foreign country)

16. (a) Informant: Theodore Costas

(b) Address: 3971 Cleveland Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/8/43 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Matthews Cemetery

18. (a) Signature of funeral director: Albert H. Hoppe, Inc

(b) Address: 4700 Washington Blvd.

19. (a) SEP 7 1943 (Date received local registrar) (b) J. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1943 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from August 17th, 1943, to Sept. 5th, 1943 that I last saw him alive on Sept. 5th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Syphilitic aortitis	
Due to —	
Due to —	
Other conditions: Urethral stricture (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Syphilitic aortitis

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: 0

23. Signature: Frank Feinberg (M. D. or other)

Address: 1515 Lafayette Ave. Date signed: 9/7/43

(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 Isaac W Wilkinson

Licensed Embalmer No. 3570

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.