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S. No. 2
M-2.43
5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33415
Registrar's No. 9413

NOV 1 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 4 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 96
(c) City or town..... Jennings
(If outside city or town limits, write "RURAL") NR.
(d) Street No. 2547 Ida
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... George Pappas Harris Pappas

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

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

6. (b) Name of husband or wife..... Evanthia Pappas 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... October 18, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 0 6 hr. min.

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

10. Usual occupation..... Resturant Owner

11. Industry or business.....

12. Name..... Bill Harispa pas

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Louis Pappademos
(b) Address..... 1957 Cherokee Street

17. (a) Burial (b) Date thereof..... Oct. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Mathews Cem.

18. (a) Signature of funeral director..... Weick Bros.

(b) Address..... 2201 So. Grand Blvd.

19. (a) Oct 26 1943 (b) J.F. Weick
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24,
year 1943 hour 6:35 minute P. M.

21. I hereby certify that I attended the deceased from October 21, 1943, to October 24, 1943,
that I last saw him alive on October 24, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage
Duration

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy..... Refused

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.....
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) (c) Means of injury.....
23. Signature..... L. Pappas 10/25/43
Address..... 1515 Lafayette Ave. Date signed.....

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 W E Morris

Licensed Embalmer No. 3360

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9413

On this 19th day of November, 1943, before me appears Mr. Louis Pappademos, who, upon his oath, states that the original record of ~~birth~~ death for George Papas ^{died} ~~born~~ Oct. 24th, 1943 in the State of Missouri, and which was filed at St. Louis, Mo. on 10-26-, 1943, should be corrected as follows:

Item No. 3 should read George Harris papas

Instead of George Papas

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Louis P Pappademos ^{nephew}
Relationship.

1957 Cherokee
Present Address.

Subscribed and sworn to before me this 19th day of Nov., 1943

John C. Fulda Notary Public.

My Commission expires _____

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

33415