

FILED FEB 27 1946
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Registration District No. Primary Registration District No. 100

Registrar's No. 1002

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 hours
(Specify whether years, months or days)

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")

(d) Street No. 1529 Franklin
(If rural, give location) 259

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

3. (a) PRINT FULL NAME Demiothenas Aravolopoulos

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 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 Oct. 12 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52	2	22	hr. min.
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9. Birthplace So. Greece
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name T. Aravolopoulos

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

14. Maiden name Unknown
" (State or foreign country)

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

16. (a) Informant Elizabeth Hardiman

(b) Address 2601 N Whittier

17. (a) Anatomical Board (b) Date thereof 1-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) JAN 30 1946 (b) J. S. [Signature]
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1946 hour 3 minute 20 M.

21. I hereby certify that I attended the deceased from 1-3
....., 1946, to 1-4, 1946
that I last saw him alive on 1-4, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease with Decompensation

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature G. F. Daniels (M. D. or other) 1/5/46
Address 2601 N Whittier Date signed 1/5/46

2247
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.....

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.