

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36871

360

State File No. \_\_\_\_\_  
Registrar's No. **422**

**FILED** JAN 25 1946  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

3146

**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: St. John's Hospital  
(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 Missouri (b) County St. Louis **9/6**

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL") **5**

(d) Street No. 2245 Yale Ave.  
(If rural, give location) **N.R. 3**

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James Spiros (Spiropoulos)  
**AKA: Demosthenes**

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 12  
year 1946 hour 12-10 minute am M.

21. I hereby certify that I attended the deceased from Nov. 9, 1945 to Jan. 12, 1946  
that I last saw him alive on Jan. 12-46 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anthoula Spiropoulos

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

7. Birth date of deceased July 15 1887  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of head of Pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>5</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Restaurant Owner

11. Industry or business \_\_\_\_\_

12. Name Christos Spiropoulos

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

14. Maiden name Magdalene Theodoropoulos

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

16. (a) Informant Harry Spiros

(b) Address 2245 Yale Ave.

17. (a) Burial (b) Date thereof 1-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 4700 Washington Blvd.

19. (a) JAN 11 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature R. Royland (M. D. or other) \_\_\_\_\_  
Address 3903 Park Ave. Date signed 1-14-46

16 P

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**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.....

*Nearby M. Brammer*

Licensed Embalmer No.....

*4200*

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of ..... } ss.

State File No. 422

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 422

On this 10 day of Sept., 1947, before me appears.....

Harry Spiros, who, upon his oath, states that the original record of ~~XXXX~~ death  
for James Spiros (Spiropoulos) <sup>died</sup> January 12, 1946 in the State of  
Missouri, and which was filed at St. Louis, Mo ~~XXXX~~ on 1-12-46 19....., should be corrected as follows:

Item No. 3 should read James Spiros aka Demosthenes Spiropoulos

Instead of James Spiros (Spiropoulos)

Item No. .... should read.....

Instead of.....

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

(SEAL)

Affiant Harry Spiros Nephew  
Relationship.

2245 Glee Ave  
Present Address.

Subscribed and sworn to before me this 10<sup>th</sup> day of September, 1947.

My Commission expires Oct 24, 1947.  
Clayton D. Stapp Notary Public

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

