

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4194

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00
(c) City or town St. Louis 25 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 Franklin
(If rural, give location) 9
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME George Lappas

3. (b) If veteran, name war _____ 3. (c) Social Security No. 590-18-0742

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 June 1 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 6 hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Alexander Lappas

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

14. Maiden name Unknown

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

16. (a) Informant Geo. Pliakas

(b) Address 7260 CREVELING DR. UN

17. (a) Burial (b) Date thereof May 9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director P. Nicoli-Sons

(b) Address 1150 N. Kingshighway

19. (a) MAY 9 1946 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1946 hour 1:00 minute 40 P.M.

21. I hereby certify, that I attended the deceased from April 17, 1946 to May 7, 1946, that I last saw him alive on May 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis Duration 1 yr

Due to MI

Due to MI

Other conditions Diabetes, arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations same

Of autopsy same

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) (c) Means of injury MI

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed _____

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

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 *Peneth Jones*
Licensed Embalmer No. *4224*
P. O. Address *3425 Clara*

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.