S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1

State File No. 25743

Registrar's No. 6841

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 29yrs.9mos.28ds. (Specify whether years, months or days)

In this community: 29 yrs.x.

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 5400 Arsenal St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: GEORGE KOUTRUMPIS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 6

5. Color or race: white

6. (a) Single, widowed, married, divorced: Sgl 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: (Month) (Day) 1890 ? (Year)

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

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

10. Usual occupation: Nil

11. Industry or business:

FATHER
12. Name: Nick Koutrumpis
13. Birthplace: (City, town, or county) Greece (State or foreign country) 6

MOTHER
14. Maiden name: Bonnie ?
15. Birthplace: (City, town, or county) not known (State or foreign country) 9

16. (a) Informant: Clara Robinson
(b) Address: 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/21/47 (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) JUL 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1947 hour 12.30 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1946 to July 19, 1947 that I last saw him alive on July 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Empyema Rt.	6 ds.
Due to: Lung Abscesses Rt.	3 weeks
Due to: Non-tubercular, cause not determined	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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

23. Signature: Paul T. Hartman (M. D. or other)

Address: 5400 Arsenal St. Date signed: 7/20/47

Jefferson City Printing Co.

(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. Ernest W Sullivan

Licensed Embalmer No. 4080

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.