V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26291

FILED JUL 25 1947

Registration District No. 2477

Primary Registration District No. 3069

Registrar's No. 1J-38

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmond Heights, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 510
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2903 South Kingshighway Blvd
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Miltiade Pappastergios also known as Milton Pappas
3. (b) If veteran, name war: None
3. (c) Social Security No.: 492-01-6232
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Pappastergios
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: February (Month) 3 1894 (Day) 1888- (Year)

8. AGE: Years	Months	Days	If less than one day
53 59-	5	8	hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Greece (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business: Mines Equipment Company
12. Name of father: Basal Pappastergios
13. Birthplace of father: Unknown (City, town, or county) Greece (State or foreign country)
14. Maiden name of mother: Zoe Kolina
15. Birthplace of mother: Unknown (City, town, or county) Greece (State or foreign country)
16. (a) Informant: Mrs. Mary Pappastergios
(b) Address: 2903 South Kingshighway Blvd.
17. (a) Burial (cremation, or removal) (b) Date thereof: 7/15/47 (Month) (Day) (Year)
Place: burial or cremation: St. Matthews Cemetery
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 7-15-47 (Date received local registrar) (b) Carla Shepp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 7 minute 50 P.M.
21. I hereby certify that I attended the deceased from March 9, 1947, to July 11, 1947; that I last saw him alive on July 11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of right lung primary	3/9/47
Due to: Metastasis to Brain Left adrenal and Omentemn & Left Inguinal Glands	
Due to: Coronary Disease	
Other conditions (Include pregnancy within 3 months of death): 47 d	

Major findings:
Of operations: None
Of autopsy: Same as above.

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): no.
(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: James L. Hoffman M.D.
Address: 634 North Grand Date signed: 7/12/47

Corr. By Father Aug. 5, 1947 Hallmark Stat

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1947

AUG 5 10

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. Spillard

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.

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29 day of July, 1947, before me appears Mrs. Mary Pappas, who, upon her oath, states that the original record of death for Miltiade Pappastergios also known as Miltom Pappas died July 11, 1947, in the State of Missouri, and which was filed at Clayton, Mo. on ....., 19....., should be corrected as follows:

Item No. 7 should read February 3, 1894

Instead of February 3, 1888

Item No. 8 should read 53 yrs - 5 mo. - 8 da.

Instead of 59 yrs. - 5 mo. - 8 da.

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 Mary Pappas Relationship. Wife

7903 S Kingshighway Present Address.

Subscribed and sworn to before me this 29th day of July, 1947.

My Commission expires Oct. 24, 1947 Notary Public.

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