S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
Public Health Service
Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32883

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8466

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: Enroute City Hospital 3
(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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2945 Choteau Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 18 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Pappas (Pappadoupoulos)
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
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 About (Month) 1900 (Year)

8. AGE: Years About 47 | Months | Days | If less than one day hr. min.

9. Birthplace Greece 10
(City, town, or county) (State or foreign country)
10. Usual occupation Restaurant Proprietor
11. Industry or business
FATHER
12. Name Paul Pappadoupoulos 6
13. Birthplace Greece
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Steve Kollias
(b) Address 4700 Washington Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-47 (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) SEP 5 1947 (Date received local registrar) (b) J. Bielick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 27
year 1947 hour 9 minute 40 A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Gun-shot Wound of heart self inflicted by his hand on or about Aug 27, 1947 exact time Unknown
Due to
Other conditions (Include pregnancy within 3 months of death) 164
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) Suicide
(b) Date of occurrence Aug 27, 1947
(c) Where did injury occur? St Louis (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 Gun shot
23. Signature Leo Perry (M. D. or other) DD 53
Address Day Chouteau Date signed 9/5/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Henry 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.