No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35915

State File No. 10082

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

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

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: 3733a Wyoming
(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 000

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

(d) Street No. 3733a Wyoming 9
(If rural, give location) 0

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Kallerson (Kalogeropoulos)

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen Kallerson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) 6 (Day) 1883 (Year)

8. AGE: Years 64 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Miltiades Kalogeropoulos
13. Birthplace Greece 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eugenia Grevas
15. Birthplace Greece 6
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Kallerson
(b) Address 3733a Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-47 (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) OCT 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30th
year 1947 hour 10 minute 3 A M.

21. I hereby certify that I attended the deceased from Sept 20, 1947, to Oct 10, 1947 that I last saw him alive on 10-10-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coron. thrombosis — Duration Mo

Due to Chronic Cardiac

Due to Hyp Pectoris

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 0

23. Signature Ira Kautzmann (M. D. or other)

Address 1405 S Broadway Date signed 10/31/47

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.