No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24616

FILED JUL 22 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6269

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 3229 Park Ave.
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3229 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bill Petros (Vasilios)
3. (b) If veteran, name war No
3. (c) Social Security No. None
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 October (Month) 26 (Day) 1886 (Year)

8. AGE: Years 61 Months 8 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Greece (State or foreign country)
10. Usual occupation Retired
11. Industry or business Confectionary Owner
FATHER
12. Name Petros Stanbojia
13. Birthplace Macedonia (City, town, or county) Greece (State or foreign country)
MOTHER
14. Maiden name Rotso Petros
15. Birthplace (City, town, or county) Greece (State or foreign country)
16. (a) Informant Christ Petros
(b) Address 3229 Park Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (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 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 6, 1948, to July 13, 1948, that I last saw him alive on July 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Chronic Interstial
Due to Myocarditis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Stanley Cornuts (M. D. ~~or other~~)
Address 4955 S Delmar Date signed

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

SEP 7 1949

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 Albert E. Hoppe

Licensed Embalmer No. 2971

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.