

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27884

7626

Registrar's No.

FILED SEP 13 1948
Registration District No. 318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location) 9
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Andrew Karrambulas
3. (b) If veteran, name war No 3. (c) Social Security No. 347-18-3349

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 Sept 15 About 1889/1883
(Month) (Day) (Year)

8. AGE: abt 64 Months 11 Days 13 If less than one day
abt 69? ? ? hr. min.

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

Usual occupation Retired

Industry or business Restaurant Cook

12. Name Louis Karrambulas

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

14. Maiden name Tasoula Baskoutas

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

16. Informant Tom Karlas

Address Route 1, East Alton, Ill.

17. (a) Burial (b) Date thereof 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation St. Matthews Cemetery

(a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

(a) AUG 30 1948 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 604 Elm St. (If rural, give location) 9
25 (e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1948 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 24, 1948
to Aug 28, 1948.
that I last saw him alive on Aug 28, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Coronary
Due to Rheumatism (old)

Due to _____

Due to _____

Other conditions 1948
(Include pregnancy within 3 months of death) 1948

Major findings: Of operations _____

Of autopsy _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. H. H. H. H. (M. D. or other) 0

Address 721 N. 1st St. St. Louis, Mo. Date signed 8/30/48

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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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of St. Louis } ss.

State File No. 27884-
Local Registrar's No. 7626

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of October, 1948, before me appears
Mr. Larry Meyer (Funeral Director), who, upon his oath, states that the original record of ~~birth~~ death
for Andrew Karrambulas, died Aug. 28, 1948, 19 , in the State of
Missouri, and which was filed at St. Louis, Mo. on Aug. 30th, 1948, should be corrected as follows:

Item No. 7 should read Sept. 15, 1883

Instead of About 1889

Item No. 8 should read 64 yrs. 11 mos. 13 days

Instead of about 69

Item No. 9 should read Patros, Greece

Instead of Greece

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 Larry Meyer Fun. Dir.
Relationship

4700 Washington Blvd.
Present Address

Subscribed and sworn to before me this 15 day of October, 1948

My Commission expires 3-4-49 Earl Paddock Notary Public.

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

S - 27884