FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38542
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9653

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: Lutheran Hospital
(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. 627a Shenandoah
(If rural, give location)
23
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAWRENCE POULOS
3. (b) If veteran, name war
3. (c) Social Security No.
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 November 2-1948 (Month) (Day) (Year)

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

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Christ Poulos
13. Birthplace Greece (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eileen Preis
15. Birthplace Nebraska (City, town, or county) (State or foreign country)
16. (a) Informant Christ Poulos
(b) Address 627a Shenandoah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection
18. (a) Signature of funeral director Mogdell Und
(b) Address 1926 Allen Avenue
19. (a) NOV 6 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 5th year 1948 hour 9 minute 00 A M.
21. I hereby certify that I attended the deceased from Nov 4, 19, to Nov 5, 1948, that I last saw him alive on Nov 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage
Due to ?
Due to (Patient delivered by a midwife - details of delivery not known)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 160
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 Ralph Berg (M. ~~D. or other~~)
Address 3203 S. Grand Date signed 11/5/48

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.....

Me, Registered Apprentice No.....

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.