

FILED MAY 23 1950

## STANDARD CERTIFICATE OF DEATH

18199

318

1003

State File No. 1317

1317

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>DePaul Hospital</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		2049			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>DePaul Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>1024 Childress Ave.</i>					
3. NAME OF DECEASED (Type or Print) <i>HELEN</i>		a. (First)		b. (Middle)		c. (Last) <i>FOTOPOULOS</i>			
4. DATE OF DEATH <i>May 14th 1950</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			
8. DATE OF BIRTH <i>About 1877</i>		9. AGE (In years last birthday) <i>about 73</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Greece 6</i>			
12. CITIZEN OF WHAT COUNTRY? <i>Greece</i>		13a. FATHER'S NAME <i>George Linatsas</i>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <i>Theodore Fotopoulos</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Louise Lucas</i> ADDRESS <i>1024 Childress Ave.</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <i>Legionella</i>				<i>12 days</i>	
DUE TO (c) <i>Chronic bronchial asthma</i>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>103</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none made</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, outside, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>480th</i>		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>May 3rd, 1950</i> , to <i>May 14th, 1950</i> , that I last saw the deceased alive on <i>May 13th, 1950</i> , and that death occurred at <i>5:50 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Joseph Navie, M.D.</i>				23b. ADDRESS <i>906 Olive St</i>		23c. DATE SIGNED <i>5-15-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-17-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Mathews Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>			
DATE REC'D BY LOCAL REG. <i>5 15 1950</i>		REGISTRAR'S SIGNATURE <i>J B Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 So. Kingshighway B</i>					

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed William J. Salter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles

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

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