

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28895

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2090

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 450 Couch Ave		1. STREET ADDRESS (If rural, give location) 450 Couch Ave	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Peter	b. (Middle) M	c. (Last) Pappas	(Month) August	(Day) 31	(Year) 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 15 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 16	IF UNDER 12 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery	11. BIRTHPLACE (State or foreign country) Gerrce	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Antoinette Pappas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Antoinette Pappas	ADDRESS Kirkwood Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs +	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis & Edema			3 yrs +
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			592X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (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 17, 1947, to Aug. 25, 1950, that I last saw the deceased alive on Aug 25, 1950, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Harvey C. ...</i>	(Degree or title)	23b. ADDRESS 962 Manchester Rd.	23c. DATE SIGNED 8-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Sept. 2 1950	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
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DATE REC'D BY LOCAL REG. 9-2-50	REGISTRAR'S SIGNATURE <i>Herbert ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Meyer-Pfitzinger</i>	ADDRESS Kirkwood Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William H. Fitzgibbon*

Licensed Embalmer No. *4316*

P. O. Address *Kidderwood 22, Me.*

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.