

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40742  
Registrar's No. 10349

FILED DEC 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2047</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6223a Berthold Avenue..</u>		d. STREET ADDRESS (If rural, give location) <u>7 6223a Berthold Avenue..</u>	

3. NAME OF DECEASED (Type or Print)  
a. (First) George b. (Middle) N. c. (Last) Soupouras

4. DATE OF DEATH (Month) (Day) (Year)  
Nov 9, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 15, 1895 9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and State or Foreign Country) Velvendos, Greece 6

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nicholas Soupouras 13b. MOTHER'S MAIDEN NAME Catherine Karazekas 14. NAME OF HUSBAND OR WIFE Polixene Soupouras

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 497-03-4842

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Polixene Soupouras, 6223a Berthold

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral sclerosis 3 yrs.

DUE TO (c) Hypertens. Vasc. Dis. ?

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from Oct 5, 1952, to Nov 10, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. Russell M.D. 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-13-52 24c. NAME OF CEMETERY OR CREMATORY St. Matthews 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. NOV 10 1952 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3657

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.