No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 31732

FILED SEP 21 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8173

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 5248 Winona Ave. 2149 D

**3. NAME OF DECEASED** (Type or Print)
a. (First): GEORGE
b. (Middle): P.
c. (Last): DIMPAPAS

**4. DATE OF DEATH** (Month) (Day) (Year): Sep. 4 1954

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 17, 1892
**9. AGE** (In years last birthday): 62 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Chef
**10b. KIND OF BUSINESS OR INDUSTRY**: Yale Cafe
**11. BIRTHPLACE** (City and State or Foreign Country): Greece 4
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Peter Dimpapas
**13b. MOTHER'S MAIDEN NAME**: Agnes Delligan
**14. NAME OF HUSBAND OR WIFE**: Olympia Dimpapas

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 497-05-8086
**17. INFORMANT'S SIGNATURE OR NAME**: Bess Dimpapas
ADDRESS: 5248 Winona Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart disease — unknown
DUE TO (c) General arteriosclerosis — "

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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4200

22. *I hereby certify that I attended the deceased from* July 1, 1954, *to* Sept. 4, 1954, *that I last saw the deceased alive on* Sept 3, 1954, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: David Nafe Kerr (Degree or title) MD
**23b. ADDRESS**: 4600 Olive St.
**23c. DATE SIGNED**: 9/4/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sep. 7, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: St. Matthews Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 7 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Kriegshauser
ADDRESS: 4228 S. Kingshighway Bl.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....45

P. O. Address .....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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