No. 300
10.48

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

XC # 165 03 00
REG # 5469
SL # 4044

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43906

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11789

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN 915 N.GRAND,ST.LOUIS,MO.
c. LENGTH OF STAY (in this place) 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN CLAYTON 446 2
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 6633A SAN BONITA 1

3. NAME OF DECEASED (Type or Print)
a. (First) STEVE
b. (Middle)
c. (Last) PETROS

4. DATE OF DEATH (Month) (Day) (Year) 12-26-54

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1

8. DATE OF BIRTH 10-17-94

9. AGE (In years last birthday) 60 | 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) PROPRIETOR

10b. KIND OF BUSINESS OR INDUSTRY CLEANERS

11. BIRTHPLACE (City and State or Foreign Country) MIROPE, GREECE 6

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME VASILIOS PETROPOULOS

13b. MOTHER'S MAIDEN NAME VASILIKI TASSOPOULOS

14. NAME OF HUSBAND/OR WIFE BESSIE PETROS

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

16. SOCIAL SECURITY NO. 496-36-1694

17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI ADDRESS

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) Recurrent bronchial carcinoma of right lung — INTERVAL BETWEEN ONSET AND DEATH 2 Years

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bronchial pneumonia left lung

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [XX] 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) VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 162X

22. *I hereby certify that I attended the deceased from* 12-21-54, 19____, *to* 12-26-54, 19____, *and that death occurred at* 5:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE C. P. Kolars (Degree or title) M. D.

23b. ADDRESS VAH, ST. LOUIS, MISSOURI

23c. DATE SIGNED 12-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-29-54

24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. DEC 27 1954

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Albert H.Hoppe, 4700 Washington Blvd. ADDRESS

(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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Denne

Licensed Embalmer No. 419

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.