

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28946**
Registrar's No. **7022**

FILED SEP 6 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo. | | c. CITY OR TOWN St. Louis, | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital. | | e. STREET ADDRESS (If rural, give location) 5800 Arsenal St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Nicholas b. (Middle) c. (Last) Pappademos | | 4. DATE OF DEATH (Month) (Day) (Year) July 28 56 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH Sept. 27, 1895 |
| 9. AGE (In years last birthday) 60 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK | | 10b. KIND OF BUSINESS OR INDUSTRY CLOTHING | 11. BIRTHPLACE (City and State or Foreign Country) Greece |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |

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| 13a. FATHER'S NAME Peter Pappademos | 13b. MOTHER'S MAIDEN NAME Maria ? | 14. NAME OF HUSBAND OR WIFE LORA PAPPADEMOS |
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| 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. 500-18-3665 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHNY PAPPADEMOS 4006 MAFFIT AVE |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 420.0 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 **7-19-** 19 **54** to **July 28, 19 56** that I last saw the deceased alive on **July 28, 19 56**, and that death occurred at **12:55 p.m.** from the causes and on the date stated above.

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| 23a. SIGNATURE George Esker, M.D. | 23b. ADDRESS 5800 Arsenal St. | 23c. DATE SIGNED 7/28/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 7-30-56 | 24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS CEMETERY | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO |
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| DATE REC'D BY LOCAL REG. JUL 30 1956 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howard Habel 5980 Southwood |
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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.....
Signature of Student Embalmer

Signed..... *Francis J. Wylant*

Licensed Embalmer No... *4512*

P. O. Address... *St. Louis*

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

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