

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29865

FILED AUG 26 1957

State File No. 7249

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7249

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN Madison	
c. LENGTH OF STAY (in this place) 10 days		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 04 Barnes Hospital		e. STREET ADDRESS (If rural, give location) 32 1342 State Street 5128	
3. NAME OF DECEASED (Type or Print) a. (First) Katina		b. (Middle)	
c. (Last) Pappas		4. DATE OF DEATH (Month) (Day) (Year) August 2 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH unknown
9. AGE (In years last birthday) abt. 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Greece
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Kafkas	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE George Pappas	
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 <i>Rene Santagis</i>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS ANTECEDENT CAUSES DUE TO (b) CEREBRAL ARTERIOSCLEROSIS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS	
INTERVAL BETWEEN ONSET AND DEATH MANY YRS. 10 YRS.		332X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <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 7/23/57, 19, to 8/2/57, 19, that I last saw the deceased alive on 8/2, 1957, and that death occurred at 2:25P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title)		23b. ADDRESS Barnes Hospital	
23c. DATE SIGNED 8/3/57		24a. NAME OF CEMETERY OR CREMATORY St. Matthews	
24b. DATE 8/5/57		24c. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. AUG 3 57		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl Smith</i> -mbs (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
Signature of Student Embalmer

Signed *Francis J. Lohrey*

Licensed Embalmer No. *274*

P. O. Address *Madison*

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.