Health, Welfare Public Service

300
-57
23

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003328
STATE FILE NUMBER

Filed JAN 28 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 423

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Length of stay in Ib: 25 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 768 Aubert — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Virginia — Middle: — Last: Nicholas

4. DATE OF DEATH: Month 1 — Day 11 — Year 59

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 1886

9. AGE (In years last birthday): 72 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Driventsa Elias, Greece

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Peter Georgaco Paulou

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: George Nicholas

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

16. SOCIAL SECURITY NO.: 499-28-2390

17. INFORMANT Address: Katharine Tsimines, 5718 Waterman, Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 490x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ASHD, CHR. PYELONEPHRITIS.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-29-58, to 1-11-59 and last saw her alive on 1-11-59
Death occurred at 2:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul R Larson (Degree or title) C, M.D.

22b. ADDRESS: 2601 Whittier Street

22c. DATE SIGNED: 1-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-13-59

23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: JAN 13 '59

26. REGISTRAR'S SIGNATURE: Carl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington St Louis, Mo

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.