

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015881

STATE OF MISSOURI  
REGISTRATION DISTRICT NO. 2  
4355  
REGISTRAR'S NO.

FILED MAY 15 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 7720 Delmar Blv'd.	

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	NICHOLAS		VLEMMAS	May	2	1959	

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 15, 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grocer	10b. KIND OF BUSINESS OR INDUSTRY Vlemmas Market Cd.	11. BIRTHPLACE (City and state or country) Greece	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christ Vlemmas	13b. MOTHER'S MAIDEN NAME Sofia Pallas	14. NAME OF HUSBAND OR WIFE Flora Mehl Vlemmas
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 492-01-4550	17. INFORMANT Flora Vlemman, 7720 Delmar Blv'd.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarction</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>420.1</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs.</i> <i>Indef.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>Oct 20, 1957</i> to <i>May 2, 1959</i> and last saw him alive on <i>May 2, 1959</i> Death occurred at <i>11:00 PM</i> <i>11 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>C. G. Vournas</i> (Degree or title) <i>M.D.</i> M.D.	22b. ADDRESS <i>3220 Washington</i>	22c. DATE SIGNED <i>5-4-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5-5-1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar	ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 4 '59	26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i>
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3 p.

Health, Welfare and Public Service  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

Dr. Vournas  
3720 Washington Blv'd.

Jr. 1-0136  
1:00 To 6:00 P.M. Monday

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 *Arnold W. Schoen* .....

Licensed Embalmer No. *3864* .....  
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.