MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1276 STATE FILE NUMBER 61-006988

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS — Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DEPAUL HOSP — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: BRENTWOOD — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8511 ROSALIE — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First VIRGINIA Middle VELLIOS Last
4. DATE OF DEATH: Month FEB Day 5 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/19/1919
9. AGE (last birthday): 41 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: JOHN STEWART
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: SPERO VELLIOS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
17. INFORMANT: SPERO VELLIOS Address: 8511 ROSALIE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	1. Generalized Peritonitis	2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ruptured Gastric ulcer	6 mos
DUE TO (c)	540.1	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ 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 12-21-60, to 2-5-61 and last saw her/him alive on 2-4-61
Death occurred at 8 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John F. Shaner (Degree or title) MD
22b. ADDRESS: Northland Med. Bldg (36)
22c. DATE SIGNED: 2-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/8/1961
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS MO

24. FUNERAL DIRECTOR: STOCK MORTUARY ADDRESS: 8895 BRENTWOOD
25. DATE RECD. BY LOCAL REG.: FEB 8 1961
26. REGISTRAR'S SIGNATURE: Joan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
B			

BY AFFIDAVIT OF DOCUMENT

DR J.F. SHANER
3720 WASH

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 Paul A. Wachter

Licensed Embalmer No. 4387

P. O. Address 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.