ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027232
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6867

FILED AUG 3 1961

DATE AMENDED 49 2

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

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

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): 1228 Childress — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Steve — Middle George — Last Poulos

4. DATE OF DEATH: Month July — Day 21, — Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 6/4/1894

9. AGE (last birthday): 67 — 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): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: City of St.Louis

11. BIRTHPLACE (City and state or country): Andretseha, Obybia, Greece

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: George Poulos

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Mary

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.:

17. INFORMANT: Mary A.Dodson, Address: 1228 Childress

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteria Scleretic Heart — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Disease
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): No

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

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

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: no

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 June 1961, to July 21, 61 and last saw her/him alive on 21 July 1961
Death occurred at 9:15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John R. Nissoc M.D.

22b. ADDRESS: Maplewood Mo

22c. DATE SIGNED: 7/24/61

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

23b. DATE: 7-24-61

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, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: JUL 24 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 F. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Wash
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.