

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013715

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1128

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962	
1. PLACE OF DEATH a. COUNTY St. Louis	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 Richmond Heights	Length of stay in lb YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1416 Big Bend	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 1416 Big Bend	
3. NAME OF DECEASED First SOPHIA Middle Last VLEMMAS	
4. DATE OF DEATH Month April Day 10 Year 1962	
5. SEX female	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/27/1863
9. AGE (last birthday) 98	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) at home	10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and state or country) Greece	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Palaologos	13b. MOTHER'S MAIDEN NAME Harikleas
14. NAME OF HUSBAND OR WIFE Chris Vlemmas, late	
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. no
17. INFORMANT Address Leo Vlemmas 1416 Big Bend	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture of left hip 2-12-62	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) fell at home	
20c. TIME OF INJURY Hour 4:00 p.m. Month, Day, Year 2/23/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Richmond Heights Mo	
20f. CITY, TOWN, OR LOCATION COUNTY STATE Richmond Heights Mo	
21. I attended the deceased from 2-23-62 to 4-10-62 and last saw her live on 4-10-62 Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H. V. Postler (Degree or title)	22b. ADDRESS 4101 - Lovelace
22c. DATE SIGNED 2/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/12/62
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24. FUNERAL DIRECTOR C.R. Lupton and sons ADDRESS 7233 Delmar Blvd	25. DATE RECD. BY LOCAL REG. 4-10-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

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DATE AMENDED
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MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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. Schoene

Licensed Embalmer No. 3864

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.

University
410 1/2
Dr. Scott Paulsen
W. H. ...