

COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS — RICHMOND

COPY A

FOR BUREAU OF
VITAL STATISTICSREGISTRATION
AREA NUMBER

106

CERTIFICATE
NUMBER

511

STATE FILE
NUMBER

69 021212

DECEDENT

1. FULL NAME
OF DECEASED

(first)

(middle)

(last)

STEVE

E.

DELARDOS

2. SEX

male

female

☒☐3. DATE OF
DEATH

(mo.) (day) (year)

July 25, 1969

4. AGE OF
DECEASED

77

years

IF UNDER 1 YEAR
months daysIF UNDER 1 DAY
hours minutes5. COLOR
OR RACE

Caucasian

PLACE OF
DEATH6. NAME OF HOSPITAL OR
INSTITUTION OF DEATH

(if none, so state)

Arlington Hospital

7. COUNTY OF
DEATH

(if independent city, leave blank)

Arlington

8. CITY OR TOWN
OF DEATH

(if rural, so state)

inside city or town limits?

yes

no

☐☐9. STREET ADDRESS OR RT. NO.
OF PLACE OF DEATH

5129 - 16th, Street North

USUAL
RESIDENCE
OF DECEDENT10. STATE (OR FOREIGN COUNTRY) OF
DECEASED'S RESIDENCE

Virginia

11. COUNTY OF DECEASED'S
RESIDENCE

Arlington

12. CITY OR TOWN
OF RESIDENCE

22203

inside city or town limits?

yes

no

☐☐13. STREET ADDRESS OR RT. NO.
OF RESIDENCE

3816 North Fairfax Drive

PERSONAL
DATA OF
DECEDENT14. NAME OF FATHER
OF DECEASED

Elias Delardos

15. MAIDEN NAME OF
MOTHER OF DECEASED

Helene Kamela

16. DECEASED CITIZEN OF
WHAT COUNTRY

U. S. A.

17. MARRIED ☒ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☐18. IF MARRIED OR WIDOWED,
NAME OF SPOUSE

Pauline Delardos

23. USUAL OR LAST
OCCUPATION

Retired U. S. Steel Company

24. KIND OF BUSINESS
OR INDUSTRY25. INFORMANT — OR SOURCE
OF INFORMATION

Mrs. Pauline Delardos (Wife)

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A)

Cardio-respiratory failure

DUE TO

(B) Possible Pulmonary Embolism

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs.

TO
PHYSICIAN:Complete and sign
medical certification
(item 26) and return
both copies to funeral
director as soon as
possible after
determination
of cause.NOTE: If
"Pending" must be
indicated, so state in
part I and notify regis-
trar of final decision
as soon as possible.

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE CONDITION GIVEN IN PART I (A)

① Chronic Obstructive Lung Disease ② ASUVD ③ Transitional CA of Bladder

26a. AUTOPSY?

yes

no

☐☒AUTHORIZED
BY:26b. IF FEMALE, WAS THERE A PREGNANCY IN
PAST 3 MONTHS?

yes

no

unknown

☐☐☐

26c. IF EXTERNAL CAUSE, IT WAS

PRIMARY

or CONTRIBUTING

☐☐

TO CAUSE OF DEATH.

NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY OCCURRED.

(enter nature of injury in part I or part II)

26e. TIME OF INJURY (mo.) (day) (year)

A.M.

P.M.

26f. INJURY OCCURRED

while

at work

☐

not while

at work

☐26g. PLACE OF INJURY (home, farm,
factory, street, office bldg., etc.)

26h. (city or town)

(county)

(state)

26i. I CERTIFY that I attended the deceased from

5/1/66

to 7/25/69

and that death occurred at

7:45 AM

(A.M. (P.M.) from the cause stated above)

ACTUAL
SIGNATURE

Ming Karmatzky, M.D.

M.D.

ADDRESS: (CITY AND STATE)

ARLINGTON, VA

DATE SIGNED:

7/25/69

FUNERAL
DIRECTOR27. BURIAL ☒ REMOVAL ☐ CREMATION ☐28. PLACE
OF BURIAL,
REMOVAL, ETC.

(name of cemetery or crematory)

(city or county)

(state)

Columbia Gardens Cemetery

Arlington, Virginia

29. (signature of funeral director or person acting as such)

Ben C. Rogers, Jr.

NAME OF FUNERAL
HOME AND
ADDRESS:Arlington Funeral Home
3901 N. Fairfax Drive Arlington, Va.

REGISTRAR

30. (signature of registrar)

Craw Spollen

DATE RECORD
FILED:

7-28-69

14

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having dark unfading ink.
This is a permanent record and subject to reproduction by microfilm and other photographic process.