COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

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

COPY A FOR BUREAU OF VITAL STATISTICS

REGISTRATION AREA NUMBER: 106 | CERTIFICATE NUMBER: 511 | STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEASED: STEVE (first) E. (middle) DELARDOS (last)
2. SEX: male [X] female [ ]
3. DATE OF DEATH (mo.) (day) (year): July 25, 1969
4. AGE OF DECEASED: ~~87~~ 77 years
IF UNDER 1 YEAR: months / days — IF UNDER 1 DAY: hours / minutes
5. COLOR OR RACE: Caucasian

PLACE OF DEATH

6. 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 limit? yes [ ] no [ ]
9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 5129 - 16th. Street North

USUAL RESIDENCE OF DECEDENT

10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank): Arlington
12. CITY OR TOWN OF RESIDENCE: 22203 inside city or town limit? yes [ ] no [ ]
13. STREET ADDRESS OR RT. NO. OF RESIDENCE: 3816 North Fairfax Drive

PERSONAL DATA OF DECEDENT

14. 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 [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
18. IF MARRIED OR WIDOWED, NAME OF SPOUSE: Pauline Delardos
19. SOCIAL SECURITY NUMBER: 306-09-5[illegible]00
20. IF VETERAN, name war, or if peacetime only, so state:
21. BIRTHPLACE OF DECEASED (state or country): Greece
22. DATE OF BIRTH OF DECEASED (mo.) (day) (year): January 10, ~~1888~~ 1892
23. USUAL OR LAST OCCUPATION: Retired U. S. Steel
24. KIND OF BUSINESS OR INDUSTRY: Company
25. INFORMANT — OR SOURCE OF INFORMATION: Mrs. Pauline Delardos (Wife)

MEDICAL CERTIFICATION

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 1 and notify registrar of final decision as soon as possible.

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):
Conditions, if any, which gave rise to Immediate cause (A), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: ~~8~~ hours

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) ASCVD (3) Transitional cell ca of Bladder, gr IV
26a. AUTOPSY? yes [ ] no [X] 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 | 1966 to 7 | 25 | 69 and that death occurred at 7:45 PM (AM) (PM) from the cause stated above.
ACTUAL SIGNATURE: [signature] M.D. ADDRESS: (CITY AND STATE) ARLINGTON, VA DATE SIGNED: 7/25/69

FUNERAL DIRECTOR

27. BURIAL [X] REMOVAL [ ] CREMATION [ ]
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory): Columbia Gardens Cemetery (city or county): Arlington, Virginia (state)
29. (signature of funeral director or person acting as such): Ben E. Boggus, Jr.
NAME OF FUNERAL HOME AND ADDRESS: Arlington Funeral Home 3901 N. Fairfax Drive Arlington, Va.

REGISTRAR

30. (signature of registrar): Fran Spallen
DATE RECORD FILED: 7-28-69
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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.

VS 2 9-68

This is to certify that this is a true and correct reproduction of the original record filed with the Arlington County Department of Health, Arlington, Virginia.

Date issued JUL 28 1969

S. B. Mayes Jr. Registrar