

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8256

REC'D MAR 11 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 380

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks

(c) Name of hospital or institution: Veterans Administration Facility (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 9/6/40
(Specify whether _____)

In this community Unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

Street 814 N. Kingshighway 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME Basil Tchokatzoglou (Army Records)
Bill Basil (Correct Name)

3. (b) If veteran, name war World War

3. (c) Social Security No. 494-10-6243

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Tessa

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 25, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>1</u>	<u>22</u>	hr. _____ min.

9. Birthplace Greece
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Mgr.

11. Industry or business -

MOTHER FATHER { 12. Name John Tchokatzoglou

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Esther Meletio

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Chief Selinsky
(b) Address Acting Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 2-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat. Cem. Jefferson Barracks, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) FEB 19 1941 (b) R. M. Hughes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
year 1941 hour 3:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 6, 1940 to February 17, 1941
that I last saw him alive on February 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Leukemia, aleukemic type,
Anemia, secondary, marked.

Duration Unknown

-Due to- _____

-Due to- JAN

Other conditions none.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy Autopsy performed. See cause of death.

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Yes (Specify type of place) _____

23. Signature C. W. HUGHES, M.D., (M. D. or other) O
Address Chief Medical Officer. Date signed 2/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Lemard W. Kraeger....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Lemard W. Kraeger

Licensed Embalmer No. *2678*

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 this body is not embalmed, fact should be so stated above.