

22229

State File No.

FILED JUL 6 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1379

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

1. PLACE OF DEATH:

(a) County St. Louis -- Pine Lawn

(b) City or town Rock Island Trk. & Kienlen
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days,

3. (a) PRINT FULL NAME George Chalkis

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

3. (c) Social Security No. none

4. Sex Male race White divorced Single

5. Color or race.....

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

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

7. Birth date of deceased May 28 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>26</u>hr.min.

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

10. Usual occupation Shoe Repair man.

MOTHER FATHER

11. Industry or business.....

12. Name Gust Chalkis

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

14. Maiden name Esther Pallis

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

16. (a) Informant John Chalkis

(b) Address Rice St. & Owasso Bl. St. Paul Minn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42
(Month) (Day) (Year)

(c) Place: burial or cremation C&G Shell

18. (a) Signature of funeral director Louis J. Bopp

(b) Address Kirkwood Mo

19. (a) JUN 27 1942 (Date received local registrar) (b) L. M. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....

(c) City or town Kewanee
(If outside city or town limits, write "RURAL")

(d) Street No. 109 W. 3rd St.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Result of bumping against a railroad train. while a pedestrian

Due to Internal hemorrhage from puncture of right lung by 5th

Due to 6, 7, 8 and 9th ribs.

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Yes

Duration

PHYSICIAN

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) Accident.

(b) Date of occurrence June 24, 1942

(c) Where did injury occur? Rock Is. trks. & Kienlen
(City or town) (County) (State)

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

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Louis H. Bopp (M.D. or other)

Address Kirkwood, Mo. Date signed 6/26/42

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.....

Louis H Bopp

Registered Apprentice No.

working under my personal supervision.

Signed *Louis H Bopp*

Licensed Embalmer No. *921*

P. O. Address *Rickwood*

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.