

3. No. 2
-12.45
5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 35150
8725
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME James George (also known as) Jim A. Georgis
3. (b) If veteran, name war Nil 3. (c) Social Security No. 494-03-7338

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary George 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 hr. min.

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

10. Usual occupation Restaurant Cook

11. Industry or business _____
12. Name Athanas Georgis
13. Birthplace Albania
(City, town, or county) (State or foreign country)
14. Maiden name Sanko Chacho
15. Birthplace Albania
(City, town, or county) (State or foreign country)

16. (a) Informant H.A. Georges
(b) Address 826 S. Wabash, Chicago, Ill.
17. (a) Burial (b) Date thereof 10-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 10 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1532 Olive St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 9
year 1946 hour 2 minute 25 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-pneumonia;
Cystitis, Catarrhal
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 107
Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(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? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Frank E. Chyhal (M. D. or other) _____
Address Dep. Coroner Date signed 10/10/46

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.....

.....Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oliver G. Happe

Licensed Embalmer No. 2971

P. O. Address.....

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.