

S. No. 2
M-1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22243**

FILED JUL 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6421**

1. PLACE OF DEATH: **318**

(a) County: **St. Louis**

(b) City or town: **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Park Lane 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Madison**

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

(d) Street No.: **6716 Dillenberger**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **Peter Georges**

3. (b) If veteran, name war: **No**

3. (c) Social Security No.: **None**

4. Sex: **Male** ()
5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Arete Georges**

6. (c) Age of husband or wife if alive: **59** years

7. Birth date of deceased: **September 20 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	9	5	_____ hr. _____ min.

9. Birthplace: **Turkey**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Restaurant Owner**

11. Industry or business:

12. Name: **George Ammes**

13. Birthplace: **Turkey**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Turkey**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Arete Georges**

(b) Address: **6716 Dillenberger**

17. (a) **Burial** (b) Date thereof: **6-28-47**
(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) **JUN 26 1947** (b) **J. F. Breueck**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **June** day: **25**
year: **1947** hour: **3** minute: **50** A. M.

21. I hereby certify that I attended the deceased from **6-16**
_____ 19**47** to **6-25** 19**47**
that I last saw him alive on **6-24** 19**47**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death: **Carcinoma of obstruction of bowels due to benign**

Due to: _____

Primary site in Intestinal Gland.

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **Extensive carcinoma**

Of operations: _____

Of autopsy: **None**

PHYSICIAN

Underline the cause of 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury: **A**

23. Signature: **J. H. Watson** (M. D. or other) _____
536 N. Taylor Address: _____ Date signed: **6-25-47**

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

MOTHER FATHER

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

John S. Denny

Licensed Embalmer No.....

4194

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.