

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10620

FILED DEC 12 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2127</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>DePaul Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>12 5238 Waterman</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>S.</u> c. (Last) <u>Tsamegos</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>About 1885</u> |
| 9. AGE (In years last birthday) <u>67?</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Candy Store</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Corinth, Greece</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William Tsamegos</u> | | 13b. MOTHER'S MAIDEN NAME <u>Cleo Stathopoulos</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Bessie</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Denos, 6935 Winona Ave.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Posterior Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> ? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR <u>4201</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec 24</u> , 19 <u>52</u> , to <u>Nov 17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 17</u> , 19 <u>52</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>539 N. Grand</u> | |
| 23c. DATE SIGNED <u>11-14-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-20-52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>NOV 18 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | | ADDRESS <u>4700 Washington Blvd.</u> | |

WRITE PLAINLY—USING 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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

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.