

FILED JUL 21 1941
731

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
(Specify whether _____)
In this community _____
years, months or days)

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. **1800 Cole**
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **George Karteroulitis**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 3 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	5	1	hr. _____ min. _____

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

10. Usual occupation **Unknown**

11. Industry or business _____

12. Name **Constantinus Karterou**

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

14. Maiden name **Christinia Unknown**

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

16. (a) Informant **Pete Morris**

(b) Address **17th. & Franklin Ave.**

17. (a) **Burial** (b) Date thereof **6/7/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetary**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **JUN 6 1941** (b) **J. F. Budack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**, year **1941** hour **9:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 31**, 19**41**, to **June 4**, 19**41**,

that I last saw him alive on **June 4**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac Hypertrophy
Hypertension
Nephrosclerosis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **Yes**
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) _____
(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) _____ (a) Means of injury _____

23. Signature **J. F. Budack** (M. D. or R.N.) _____
Address **1515 Lafayette Avenue** Date **6/7/41**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

James D. Dumbly

Licensed Embalmer No. *3653*

P. O. Address *H. Lamm, 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.