

FILLED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7633

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: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 29 years (Specify whether
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. 2147 Geyer Avenue (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE JOHN TEGAS

3. (b) If veteran, name war no 3. (c) Social Security No. 358-07-5180

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Katherine. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased. August 15, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 1 6 hr. min.

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

10. Usual occupation Chef

11. Industry or business Resturant

12. Name John Tegas

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

14. Maiden name Agoro

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

16. (a) Informant Katherine Tegas

(b) Address 2147 Geyer Avenue

17. (a) Burial (b) Date thereof 9-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director G.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) SEP 22 1941 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1941 hour 12 minute 50 am.

21. I hereby certify that I attended the deceased from September 2, 1941 to September 22, 1941,
that I last saw him alive on September 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 1 day

Due to abscesses of both lungs, streptococci, non-β.

Due to Chl. myocarditis

Other conditions Chl. Endocarditis
(Include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 J. Brebeck (M. D. or other) nm.
Address 2767 Keravis Date signed 9-22-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.