

FILLED NOV 24 1941

Primary Registration District No. **1003**

Registrar's No. **8136**

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: **Deaconess Hospital D**  
(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 **George Kostas**

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

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

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **UNKNOWN**  
(Month) (Day) (Year)

8. AGE: Years **ABOUT 58** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Chef**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

13. Birthplace **Greece 6**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Greece 6**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Steve Lambros**

(b) Address **4416 Gibson Ave.**

17. (a) **Burial** (b) Date thereof **10/15/41**  
(Burial, cremation, or reinterment) (Month) (Day) (Year)

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

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

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

19. (a) **OCT 13 1941** (b) \_\_\_\_\_  
(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. **916a So. Kingshighway**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7-07** day **14**  
 year **1940** hour **8** minute \_\_\_\_\_ 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 \_\_\_\_\_

**Tubercular Pneumonia**

**Oedema of Brain**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 **5**

23. Signature **James J. Finnerman** (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

59 53 00

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**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

*J. W. Bentley*

Licensed Embalmer No.

*3653*

P. O. Address

*W. W. Bentley*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32182  
Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

- (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: \_\_\_\_\_  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_
- (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_  
(If rural, give location)
- (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month 10 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.
- 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

- 3. (a) PRINT FULL NAME George Kostas
- 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

- 4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Δ
- 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years
- 7. Birth date of deceased unknown  
(Month) (Day) (Year)

- 8. AGE: Years about 56 Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day) hr. \_\_\_\_\_ min. \_\_\_\_\_

- 9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

- 10. Usual occupation \_\_\_\_\_

- 11. Industry or business \_\_\_\_\_

- 12. Name \_\_\_\_\_
- 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)
- 14. Maiden name \_\_\_\_\_
- 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

- 16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

- 17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation \_\_\_\_\_

- 18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

- 19. (a) DEC 2 1941 (b) J. F. Bredenkamp  
(Date received by Registrar) (Registrar's signature)

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Major findings: Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

- 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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

1941  
S-33182