

S. No. 2
-1-4-41
5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42983

State File No. _____

FILED JAN 20 1942

Registrar's No. 62

Registration District No. _____

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mount St. Rose 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 000

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

(d) Street No. 814 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Tellis A. Rockas

3. (b) If veteran, name war no

3. (c) Social Security No. no

20. DATE OF DEATH: Month Jan day 7
year 1942 hour 6 minute 55 A.M.

4. Sex Male 5. Color or race White

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

21. I hereby certify that I attended the deceased from 12/7/41 19 to 1/7/42 19
that I last saw him alive on 12/10/42 19
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Bessie Rockas

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 5, 1879
(Month) (Day) (Year)

Immediate cause of death Tuberculosis

Due to (Sent from Mount St. Rose)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>2</u>	hr. _____ min. _____

Due to _____

Other conditions 30
(Include pregnancy within 3 months of death)

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

10. Usual occupation Restaurant Owner

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Apostoly Rockas

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

14. Maiden name Don't Know

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

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? _____

16. (a) Informant Mrs. Bessie Rockas

(b) Address 814 N. Kingshighway

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan 10, 1942
(Month) (Day) (Year)

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

23. Signature W. H. McArthur (M. D. or other) _____

Address W. H. McArthur Date signed _____

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl. St. Louis

19. (a) JAN 9 - 1942
(Date received local registrar)

(b) W. H. McArthur
(Registrar's signature)

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

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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

Wm. C. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.