

FILED MAR 3 1943
Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural St. Francois Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mo. 28 da
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5047 Page
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME CHRIS VLASIS

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 494-07-278

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 62 Months ? Days ? If less than one day
hr. min.

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

10. Usual occupation Cook

11. Industry or business _____

12. Name George Vlasis

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

14. Maiden name Unknown

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

16. (a) Informant State Hospital No. 4 Records

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital #4 Cemetery

18. (a) Signature of funeral director John A. Neidert
(b) Address Farmington, Mo.

19. (a) Jan 6-42 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-8-40
_____, 19____, to 1-6-42, 19____;

that I last saw h. im alive on 1-5-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
General paralysis of Insane July 40
(Prison)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 306

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? No

While at work? No (Specify type of place) (e) Means of injury D

23. Signature T. J. Robinson, Jr. (M. D. or other) M. D.
Address Farmington, Mo. Date signed 1/7/42

Duration
Underline the cause to which death should be charged statistically.

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

Date Filed 2-11-42
District File Number 242-911
District Health Officer No. 4

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 *John A. ...*
Licensed Embalmer No. 2238
P. O. Address *Farmington*

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.