

No. 2  
-1.4-41  
5-17-39  
X26300

791 STANDARD CERTIFICATE OF DEATH 1003

State File No. \_\_\_\_\_  
Registrar's No. 5942

FILED JUL 2 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(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:  
Missouri Pacific Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12th  
(d) Street No. 763 Aubert Ave. 7e. (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Chiarpos

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased. November 4 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Carpenter

11. Industry or business American Refrigerator Transit

12. Name Pete Chiarbos

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

14. Maiden name Demetra Unknown

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

16. (a) Informant Pete John

(b) Address 763 Aubert Ave.

17. (a) Burial (b) Date thereof 7-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 4700 Washington Blvd.

19. (a) JUL 2 1942 (b) J. F. O'Keefe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11<sup>th</sup>  
year 1942 hour 9 minute 35 P M.  
21. I hereby certify that I attended the deceased from July 9<sup>th</sup>  
19 42 to July 11<sup>th</sup> 19 42;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_  
Acute congestive heart failure

Due to hypertensive heart disease

Due to Hypertension

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0

3. Signature Heinz S. Gen (M. D. or other) \_\_\_\_\_

Address Mo. Pac. Hospital Date signed 7/11/42

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

MOTHER FATHER

**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. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address.....

**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.**