

FILED MAR 3 1945
318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1485

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

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: Barnes Hospital,
0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 17 days
(Specify whether _____)
In this community _____
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. 509 Chestnut St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE B. KARNASIOTIS

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased About 1891
(Month) (Day) (Year)

8. AGE: Years About 53 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Restaurant Man

11. Industry or business _____

12. Name Vlasis Karnasiotis

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

14. Maiden name Unknown

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

16. (a) Informant William Karnasiotis

(b) Address 1532 Olive St.

17. (a) Burial (b) Date thereof 2-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 4700 Washington Blvd.

19. (a) 1945 (b) J. F. Bradee
(Date received local health certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1945 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug. 27 1944 to Feb. 13 1945;
that I last saw him alive on Feb. 13 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy none performed

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) (c) Means of injury 0

23. Signature J. F. Bradee (M. D. or other) _____
Address Barnes Hospital Date signed 2/13/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

E. W. Wilkins

Licensed Embalmer No.....

3575

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.