

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:
4367 Chouteau Ave.
(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 A. Steer

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hester Steer

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 25 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 0 10 hr. min.

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

10. Usual occupation Restaurant Owner

11. Industry or business.....

MOTHER FATHER { 12. Name Arthur Demopoulos

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

14. Maiden name Viola Kilinzes

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

16. (a) Informant Hester Steer

(b) Address 4367 Couteau Ave.

17. (a) Burial (b) Date thereof 6-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) JUN 6 1945 (b) J. F. Brecher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 318

(d) Street No. 4367 Chouteau Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1945 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from December 26
1943, 19 , to June 5, 1945

that I last saw him alive on June 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Atherosclerosis
of coronary arteries of heart
Arterio sclerosis

Due to.....

Due to.....

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 0

23. Signature Stenhouse (M. D. or other)
Address 3206 Lafayette Av. Date signed June 6/45

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 Agonochi
Licensed Embalmer No. 3398

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.