

STANDARD CERTIFICATE OF DEATH

State File No.

181

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

964

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

1. PLACE OF DEATH:

(a) County **St. Louis.**
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Firmin Desloge Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days.**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis.** **617**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **4975 a Easton. Ave.** **2**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jun** day **27**
year **1946** hour **7** minute **00** M.
21. I hereby certify that I attended the deceased from **Jan 9 1946**
_____ 19. to **Jan 27 1946** 19. _____
that I last saw him **alive** on **1/27/46** 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death
Captured abdominal
Due to **Aneurysm**
Due to **Syphilis**
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy **Confirmed aorta**
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? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature **R Mueller** (M. D. or other) _____
Address **634 N Grand** Date signed **1/29/46**

3. (a) PRINT FULL NAME **Dennis Chocalas.**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **None.**

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: **May.** **15** **1897.**
(Month) (Day) (Year)

8. AGE: Years **48** Months **8** Days **12** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Tavern Owner.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Greece.**
(State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Chas Mann**

(b) Address **5238 Wells ave**

17. (a) **Burial.** (b) Date thereof **Jan. 30 1946**
(Burial _____) (Month) (Day) (Year)

(c) Place: burial **St. Matthews Cemetery.**

18. (a) Signature of funeral director **Joseph A. Bredes**

(b) Address **1389 Union. Blvd.**

19. (a) **JAN 29 1946** (Date received local registrar)

G. F. Bredes (Registrar's signature)

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 *Rev Campbell*.....

Licensed Embalmer No: *3881*.....

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.