

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

2924
State File No. 206
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2924		Registrar's No. 206	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison					
b. CITY (If outside corporate limits, write RURAL and give town) St Louis Mo		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) Alton		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 810 State St.					
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) George c. (Last) Rigas			4. DATE OF DEATH (Month) (Day) (Year) Jan 7 1951			5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 19, 1896		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Shoe repair Shop		11. BIRTHPLACE (State or foreign country) Ageos Sostis, Greece			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Rigas			13b. MOTHER'S MAIDEN NAME Theodora Catavelos			14. NAME OF HUSBAND OR WIFE Dimitia Rigas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 327-07-6252		17. INFORMANT'S SIGNATURE OR NAME Peter S. Valos ADDRESS 810 State St Alton, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis post rupture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric ulcer DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 da.	
19a. DATE OF OPERATION 1/3/51		19b. MAJOR FINDINGS OF OPERATION Gastrectomy - Gastric ulcer						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5750							
22. I hereby certify that I attended the deceased from Dec 30, 1950 , to Jan 7, 1951 , that I last saw the deceased alive on Jan 7, 1951 , and that death occurred at 12:00 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE F. B. Bradley (Degree or title) M.D.				23b. ADDRESS Barnes Hospital			23c. DATE SIGNED 1-7-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Upper Alton		24d. LOCATION (City, town, or county) (State) Alton, Illinois			
DATE REC'D BY LOCAL REG. JAN 9 1951		REGISTRAR'S SIGNATURE J. B. Lassiter			25. FUNERAL DIRECTOR'S SIGNATURE Robert H. Treppor ADDRESS Alton, Illinois				

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ _____

working under my personal supervision.

Student Embalmer No.

Signed _____ *Robert H. Streep*

Signed.....
Student Embalmer

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.