

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1. PLACE OF DEATH

County..... Registration District No. 308 File No. 3866
 Township..... Primary Registration District No..... Registered No.....
 City St. Louis (No. City Hospital) St. Ward)

2. FULL NAME

Henry George
 (a) Residence. No. 4335 N 20 St. 1 Ward..... (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 4 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Autom Car Builder
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank George

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) City Hospital

FILED 1920 1919 Mar 6 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1919

17. I HEREBY CERTIFY That I attended deceased from June 27 1919 to June 30 1919, that I last saw him alive on June 30 1919, and that death occurred, on the date stated above at 12:58 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11 A 10 (duration) yrs. mos. da.
 CONTRIBUTORY Broncho Pneumonia
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Kruske M.D.
1/30, 1919 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St. Johns Cem 2/2 1919

20. UNDERTAKER ADDRESS
Emmet Shepard 5921 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

