

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Towship..... Primary Registration District No..... Registered No.....
City..... *St. Louis* (No. *2516* *St. Louis* a..... St. Ward.....

2. FULL NAME

James J. George
(a) Residence No..... St. Ward.....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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) *June 20th 1895*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 *7* *25*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *office club*
(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).....

10. NAME OF FATHER..... *James George*

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

12. MAIDEN NAME OF MOTHER..... *Bridget Gildea*

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

14. INFORMANT..... *James George*
(Address)..... *2516 St. Louis*

15. FILED..... 19 *Mar* *B. Starckoff*
RECEIVED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 15th 1922*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 8th* 19*22*, to *Feb 14th* 19*22*, that I last saw him alive on *Feb 14th* 19*22*, and that death occurred, on the date stated above, at *1:30 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
2 (duration) *1* yrs. *6* mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) *Fred. R. Gelle* M. D. *2/15, 1922* (Address) *3829 1/2 Grand Ave*

*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

heaven *2-17 1922*
20. UNDERTAKER ADDRESS

Arthur J. Donnelly *2039 Mark*

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.

RECORD WITH CHANGING INITIALS IS A PERMANENT RECORD

