OV 22 1969

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

Do not use this space.

34686

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. 8036 Watkins Drive St. Ward)

2. FULL NAME George M. Shore
(a) Residence. No. 8036 Watkins Drive 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 28-1850

7. AGE: Years 77 | Months 9 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Supt.
(b) General nature of industry, business, or establishment in which employed (or employer): Litchfield Car & Foundry Co.
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Alton
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Tilman Shore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Jane Settlemeier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Vera E. Shore
(Address) 8036 Watkins Ave

15. FILED Oct 25, 1928. Katharine W. Sullivan, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1928, to Oct 25, 1928, that I last saw him alive on Aug 20, 1928, and that death occurred, on the date stated above, at 3 m.

THE CAUSE OF DEATH*, WAS AS FOLLOWS:
Carcinoma - Sigmoid & Rectum
46C
46D
43
(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY): Was Cause when I first saw her
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Apr 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray - Tissue Glands etc
(Signed) Louis H. Behrens, M.D.
Oct 26, 1928 (Address) 102 No Broadway

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Litchfield, Ill. — DATE OF BURIAL: Oct 1928
20. UNDERTAKER: Wagner — ADDRESS: 3621 Alice

WRITE PLAINLY, WITH UNFADING INK

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.