

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10363

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis* (No. *City Hospital*)

File No.
Registered No. *2385*
St. Ward)

21069

2. FULL NAME *Peter Georges*
(a) Residence, No. *2016 no. 9th St.* St. *26* Ward.

Length of residence in city or town where death occurred *63* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 12th 1932*

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

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 11th 1932* to *Mar. 12th 1932*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 5 - 1853*

I last saw him alive on *Mar. 12th 1932* Death is said to have occurred on the date stated above, at *2:10 a.m.*

7. AGE YEARS *78* MONTHS *9* DAYS *7* If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

Chronic myocarditis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Chronic Nephritis

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Gibson County Indiana*

Chronic Nephritis

13. NAME *Mike Georges*

Name of operation Date of
What was confirmed diagnosis? *Chronic* Was there an autopsy? *no*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

15. MAIDEN NAME *Pauline Dubois*

Where did injury occur? (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *City Hospital*

Manner of injury Nature of injury *1 1*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathary Lane* DATE *Mar 14* 19*32*

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (ADDRESS) *Dr. S. Platten*

If so, specify *J. Pichman* (Signed) M. D.

20. FILED *MAR 12 1932* Registrar.

(Address) *City Hospital*

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