

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

Do not use this space.

10723

**1. PLACE OF DEATH**

County..... Registration District No. 7011  
Township..... Primary Registration District No. 7022  
City..... St. Louis, Mo. (No. 4250a, Cleveland Ave., St. .... Ward)

File No. ....  
Registered No. 2794

**2. FULL NAME** George H. Storm

(a) Residence, No. 4250a Cleveland Ave. St. 17 Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8th 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chevrolet Motor Co.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 5yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn New York

13. NAME John Storm.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York,

15. MAIDEN NAME Sarah M. Decker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. J. Heidel 4250a Cleveland Ave  
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cemetery DATE March 24th 1932

19. UNDERTAKER (ADDRESS) Hauck & Schmitt Wd. 3732 Grand Blvd.

20. FILED 9 22 1932 Max Starke Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13th 1932 to March 21st 1932  
I last saw him alive on March 21st 1932 Death is said to have occurred on the date stated above, at 5.15 m. p.m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral hemorrhage)  
Arteriosclerosis  
Myocarditis chronic  
Date of onset 3-19-32

Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify .....  
(Signed) O. S. Johnson, M. D.  
(Address) 3278 S Jefferson

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.

