

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

Do not use this space.

8083

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo.* (No. *4378 Maryland Ave.*) St. Ward)

File No.
 Registered No. **2092**
 St. Ward)

2. FULL NAME

George H. Lorne
 (a) Residence, No. *4378 Maryland Ave.* St. *19* Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 23-1890.*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>42</i>	<i>2</i>	<i>5</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Salesman</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>St. Louis Motor Co.</i>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

MOTHER FATHER 13. NAME *Lehas Lorne*

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

MOTHER 15. MAIDEN NAME *Elizabeth Voss*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

17. INFORMANT (ADDRESS) *Elizabeth Lorne, 4378 Maryland Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St. Hope Cem. March 2nd, 1933*

19. UNDERTAKER (ADDRESS) *Ziegenhain Bros., 2617 1/2 N. 3rd St.*

20. FILED *AR-21049* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 28th, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 24*, 1933, to *Feb 28*, 1933

I last saw him alive on *Feb 28*, 1933. Death is said to have occurred on the date stated above, at *1:45 a.m.*

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

Lobar Pneumonia with Cardiac Failure

Date of onset

Other contributory causes of importance: *Influenza*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? If so, specify.....

(Signed) *A. J. Webb*, M. D.

(Address) *406 E. Olive*

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.

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

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