

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **City Hospital**) St. Ward)

27123

File No.
 Registered No. **7360**

2. FULL NAME **Edward George**

(a) Residence, No. **2111 Dekalb Street** St. **23** Ward. (If nonresident, give city or town and State)
 (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.

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 **Ella George**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 1st, 1886**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	46	8	21	

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**
 (STATE OR COUNTRY)

13. NAME **John George**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Ella George 2111 Dekalb Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **July 25th, 34**

19. UNDERTAKER (ADDRESS) **Which Bros 2201 S. Grand Boulevard**

20. FILED **21 34** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22nd, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **12:05 P.M.**

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

Acute Gastritis
Chr. Interstitial Nephritis
 Cause of gastritis unknown

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) **J. P. Rooney** M.D.
 (Address) **1247 1/2 E. 12th St. St. Louis, Mo.**

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.

AUG 15 1934

ON RECORDING THIS IS A PERMANENT RECORD

