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

MAY 13 1935

Do not use this space.

14847

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 903

City St Louis (No. 4530, Minnesota Ave St. ..... Ward)

File No. ..... Registered No. 3699

2. FULL NAME Henry George Sr.

(a) Residence, No. 4530 Minesota Ave. St., 15 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6th. 1850

7. AGE: Years 85 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Henry George Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not-known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Henry George Jr. 7324 Sutherland Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial DATE April 25th 35

19. UNDERTAKER (ADDRESS): Wm Schumacher 3013 Meramec Street

20. FILED APR 24 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22nd. 19 35

22. I HEREBY CERTIFY, That I attended deceased from 4/21/35, 19..., to April 22, 1935

I last saw him alive on April 22, 1935. Death is said to have occurred on the date stated above, at 8/26 pm

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

	Date of onset
Acute Interstitial Nephritis from senility	1 week
Other contributory causes of importance:	
Arteriosclerosis	2 yr.

97

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

What test confirmed diagnosis? Physical 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) Dr. W. H. Walters, M.D.

(Address) 3608 Grand Blvd.

3608 S Grand