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.

NOV 2 1935

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

Do not use this space.

31399

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

City St Louis Mo, (No. Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 8238

2. FULL NAME George Albert Amos

(a) Residence, No. 717 Interdrive St., N R Ward. U. City Mo.
(Usual place of abode) (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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 28 1868

7. AGE: 67 YEARS, MONTHS: 4, DAYS: 2, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): New York N. Y

FATHER

13. NAME: Alexander Amos

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Geo. A. Amos, Jr. St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Orleans La DATE Oct 4th 1935

19. UNDERTAKER (ADDRESS): Albert H Hoppe, Inc. 429 N. Euclid Ave

20. FILED SEP 30 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 29 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from 9 - 10 - , 1935, to 9 - 29 - , 1935

I last saw him alive on 9 - 29 , 1935 Death is said to have occurred on the date stated above, at 10:55 P m.

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

Date of onset

Carcinoma of Head of Pancreas

Other contributory causes of importance:

Cardiac decompensation

Name of operation Oculoscopic gastrostomy Date of 9-28-35

What test confirmed diagnosis? Post Mortem Stomach 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? .....

If so, specify .....

(Signed) F R Bradley, M. D.

(Address) Barnes Hospital

N.2255