

JUL 27 1936

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

Do not use this space.

18048-a

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Koch (No. Koch Hospital) St. _____ Ward _____

File No. _____
Registered No. 255

2. FULL NAME

George Symmes
(a) Residence, No. 303 & 3rd St., _____ Ward. St. Louis Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Jennie Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-1859
7. AGE YEARS 77 MONTHS 0 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year) 1916 11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raman, Mo.

13. NAME G. J. Symmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Ella Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT Robt. Koch Hosp. Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U. Anatomical Board DATE July 1936

19. UNDERTAKER St. Louis U. Anatomical Board (ADDRESS) 1402 2nd

20. FILED July 2 1936 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-26-1936 to 4-22-1936

I last saw him alive on 4-22-1936 Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Senility Date of onset _____
Poss. Coronary Occlusion
Poss. Pneumococci 1933.
Observation for Pulmonary TB.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? X-Ray Was there an autopsy? No.

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) D. D. Zimmere, M. D.
(Address) Robt. Koch Hosp.,
Koch, 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.

