

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

29481

Do not use this space.

1. PLACE OF DEATH **SEP 10 1937**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008** Registered No. **8114**
 (c) City **ST. LOUIS MO.** (d) Street No. **CITY HOSPITAL** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **JENNIE GEORGE**

(a) Residence, No. **1455 ACHOUTEAU AV.** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED **MARRIED**

5A. IF MARRIED, ~~WIDOWED~~ OR DIVORCED **HUSBAND OR (OR) WIFE OF RICHARD GEORGE**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 14, 1871**

7. AGE YEARS **66** MONTHS **12** DAYS **13** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSEWORK**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 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) **MISSOURI**

13. NAME **John BUFF**

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

15. MAIDEN NAME **MARGARET SAN SASEE**

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

17. INFORMANT **RICHARD GEORGE** (ADDRESS) **1455 ACHOUTEAU AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **POTOMAC MO.** DATE **AUG. 1937**

19. FUNERAL DIRECTOR **E. J. Schuler** (ADDRESS) **3125 Lafayette St. St. Louis**

20. FILED **AUG 29 1937** **J. A. Bredeck** Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUGUST 27, 1937**

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

I last saw h..... alive on **12 30** Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Diabetes
cerebral arteriosclerosis

Other contributory causes of importance:

59

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

What test confirmed diagnosis?..... 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 **See above**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) **Joseph M. Zeman** M.D.
 (Address) **Deputy Coroner**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

899

STATEMENT BY LICENSED EMBALMER

I, James J. Sullivan, Licensed Embalmer No. 2260

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed James J. Sullivan

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)