

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

Do not use this space.

1. PLACE OF DEATH 788
 County St. Louis Registration District No. 4471
 Township Jackson Primary Registration District No. 4471
 City Webster Groves (No. 65) East Big Bend St. 80 Ward

2. FULL NAME George Louis
 (a) Residence, No. 12 Jersey Ave.
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. - mos. - ds. How long in U. S., if of foreign birth 43 yrs. - mos. - ds.

31730

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 Margaret Louie
 (OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1877

7. AGE YEARS 60 MONTHS 4 DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barnday & ice cream maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own business
10. Date deceased last worked at this occupation (month and year) August 1, 1937 **11. Total time (years) spent in this occupation** 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER FATHER
13. NAME Anthony Louis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Margaret Louie
518 B. B. B. B.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Matthews DATE Aug 4, 1937

19. UNDERTAKER (ADDRESS) Parker Land Co
Webster Groves

20. FILED 8-4-1937 Jules R. Gore
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1937

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 5:25 pm.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis. Date of onset

930

Other contributory causes of importance:

Name of operation None **Date of**

What test confirmed diagnosis? Medical **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? Y
 If so, specify
 (Signed) John O. Cornell M. D.
 (Address) Corner, St. Louis

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.

