

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

35965
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **2235 Gaines Str** St.
 (e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **9542**

2. PRINT FULL NAME George Fortner

(a) Residence, No. **2235 Gaines Str.** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF **Rosalie Fortner**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 20, 1909**
 7. AGE YEARS **28** MONTHS **8** DAYS **20** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Electrician**
 9. Industry or business in which work was done, as 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) **Indiana**

FATHER 13. NAME **James Fortner**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Isabelle English**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT (ADDRESS) **Rosalie Fortner 2235 Gaines Str.**

18. BURIAL, CREMATION, OR REMOVAL **Mount Hope** DATE **Oct. 13 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. C. Maydell 1926 Allen Ave.**

20. **OCT 15 1937** 19. **J. Budeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 10, 37** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 20th.** 19**37**, to **October 9th.** 19**37**

I last saw him alive on **October 9th.** 19**37** Death is said to have occurred on the date stated above, **9.30, A.M.**

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

Acute myocarditis Date of onset **Indefinite**

Other contributory causes of importance? **Chronic nephritis**

Name of operation **None** Date of
 What test confirmed diagnosis? **All usual** 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? **No.**
 If so, specify
 (Signed) **W. J. ...** M. D.
 (Address) **2278 S. Jefferson**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

2235 GAINES ST

STATEMENT BY LICENSED EMBALMER

I, Wm G. Moydell

Licensed Embalmer No. 1467

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Wm G. Moydell

Licensed Embalmer No. 1467

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