

FEB 12 1938

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

841

Do not use this space.

697

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. Anthony Hospital** Registered No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 **George Richard Day** **000**

(a) Residence, No. **5742 Delor Street.** St. **17**
 (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17-1938		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
FATHER	13. NAME George Day	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
MOTHER	15. MAIDEN NAME Julia Bauer	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
17. INFORMANT (ADDRESS) George Day 5742 Delor		
18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Jan. 20 19 38		
19. FUNERAL DIRECTOR (ADDRESS) Thordulis 2906 Gravois Ave		
20. FILED JAN 20 1938 J. T. Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 20, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 17,** 19 **38** to **Jan. 20, 1938**
 I last saw him alive on **Jan. 20, 1938** Death is said to have occurred on the date stated above, at **9:45 A. M.**
 The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation Date of onset
duration : 3 days.

1590

Other contributory causes of importance:
Cardiac Anomolies
No pulmonary arteries
Deficient intraventricular septum

Name of operation Date of
 What test confirmed diagnosis? **Post Mortem** Where 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 **U.S. Nestel** (Signed) **U.S. Nestel** M. D.
 (Address) **3606 Gravois Ave.**

STATEMENT BY LICENSED EMBALMER

I, THOMAS KUTIS Licensed Embalmer No. 1619

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

L. E. 1619

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

Signed Thomas Kutis

Licensed Embalmer No. 1619

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.)