1938 REC'D AUG 9 1938

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

26573
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township St. Ferdinand — Primary Registration District No. 200 — Registered No. 1198
(c) City ~~Baden~~ — (d) Street No. ..... 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 George Carl Priester 623
(a) Residence, No. 908a Christian St. ☐ ST. LOUIS, MO.
(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) May 24-1911
7. AGE: YEARS 27 — MONTHS 1 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) 7/8
11. Total time (years) spent in this occupation

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

FATHER
13. NAME George Priester
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria, Ill.

MOTHER
15. MAIDEN NAME Maude Silvey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Maude Priester 908a Christian St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ValHalla Cem. DATE 7-15-38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumann Bros Inc 2504 Woodson Rd - Overland, Mo.
20. FILED 1938 — T. R. Meyer M. D. Sr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1938, 19

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 D.K. m. PM
The principal cause of death and related causes of importance were as follows:

	Date of case
Homocide by firearms at hand or hands of person or persons unknown. Verdict open.	7/8/38
Other contributory causes of importance:	
Revolver gun-shot wound of the head. (thru & thru)	7/8/38

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide homocide Date of injury 7/8/38
Where did injury occur? St. Ferdinand Twp. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Homocide by firearms
Nature of injury Gun shot wound of head.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Earl Hillerman, or by

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

Signed Earl Hillerman

Licensed Embalmer No. 3501

P. O. Address Overland Mo

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

If this body is not embalmed, above space should be left blank.