

REC'D OCT 18 1938

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

31677

Do not use this space.

## 1. PLACE OF DEATH

(a) County BOONE Registration District No. 73  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3006 Registered No. 196  
 (c) City COLUMBIA (d) Street 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

MICHAEL ANTHONY GEORGE Jr. 629  
 (a) Residence, No. 1322 Montgomery St. ST LOUIS 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) CHILD  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHILD  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 5th 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 XXX XXX  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. CHILD  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS  
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME MICHAEL ANTHONY GEORGE

14. BIRTHPLACE (CITY OR TOWN) OMAHA  
 (STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME GLORIA KRESS

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) MISSOURI

17. INFORMANT MICHAEL GEORGE  
 (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE ST LOUIS MO DATE SEPT 8 1938

19. FUNERAL DIRECTOR R. O. WILLETT  
 (ADDRESS) \_\_\_\_\_

20. FILED 9/6/ 1938 Allie Selby  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 5th 1938

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 11:15 A.M.

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

Cer accident & concussion  
Unavoidable accident

Other contributory causes of importance: 22 N 2 St

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide. Accident Date of injury Sept 5, 1938

Where did injury occur? Columbia, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

U.S. Highway 40

Manner of injury Automobile accident

Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Sign) M. P. Toulson

(Address) 22 N 2 St

210 M

STATEMENT BY LICENSED EMBALMER

*Lynard H. Sprinkle* Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Antenue & Co

.....L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed *Lynard H. Sprinkle*

Licensed Embalmer No. 4013

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
 (b) Township ..... Primary Registration District No. 3006 Registered No. 196  
 (c) City Columbia (d) Street No. ....  
 (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 Michael Anthony George

(a) Residence, No. .... St.  (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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19... Death is said to have occurred on the date stated above, at ... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:  
Car accident  
Concussion  
Unavoidable accident

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 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

Other contributory causes of importance:  
Collision with another motor vehicle both on maining

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

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

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 .....  
 (Signed) M. B. Tralson Colo  
 (Address) Columbia Mo

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

