

REC'D FEB 10 1939

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

383
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5405 Bartmer Ave.** Registered No. **383**
 (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 **Henry W. George**

(a) Residence, No. **5405 Bartmer Ave.** St. **5**
 (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret Hallinan George**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 23, 1867**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	3	18	

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

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) **Ohio**

FATHER 13. NAME **Henry George**

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

MOTHER 15. MAIDEN NAME **Caroline Bauer**

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

17. INFORMANT (ADDRESS) **Harold H. George
5405 Bartmer Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 14, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly
3840 Lindell Blvd.**

20. FILE **JAN 12 1939** *J. P. Brubaker* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 11th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **November 11th, 1939**, to **January 11th, 1939**
 I last saw him alive on **January 10th, 1939**. Death is said to have occurred on the date stated above, at **12:45** p. m.

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

**Chronic myocarditis
with hypertrophy**

Date of onset **Nov. 11th, 1939**

Other contributory causes of importance:

General atherosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? **Chemical** 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) **Edward S. Smith**, M. D.(Address) **3225 Washington**

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,

....., or by

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

Signed.....

Alfred J. Baedeker

Licensed Embalmer No.....

2663

P. O. Address.....

4204 Prairie

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 licensè.)

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