

REC'D FEB 23 1939

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

3743
 Do not use this space.

1. PLACE OF DEATH

(a) County ST. GENEVIEVE Registration District No. 780
 (b) Township JACKSON Primary Registration District No. 6028 Registered No. 11
 (c) City JACKSON (d) Street No. 2 (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

(a) Residence, No. 620 FRANCIS E. GEORGE
432 SIDNEY ST. St. MADISON WISCONSIN
 (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) UNKNOWN

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AVIATOR
 9. Industry or business in which work was done, as saw mill, bank, etc. ARMY SERVICE
 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) UNKNOWN 9

FATHER 13. NAME A. F. GEORGE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

MOTHER 15. MAIDEN NAME UNKNOWN 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

17. INFORMANT IDENTIFICATION CARD (ADDRESS) —

18. BURIAL, CREMATION, OR REMOVAL PLACE MADISON WIS. DATE FEB 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George H. Hoffmeyer
7856 So Broadway, St. Louis Mo

20. FILED FEB 16 1939 T. W. Douglas
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 15 1939

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 12:30 P.

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

BRAIN HEMMORRHAGE
DUE TO CONCUSSION
ACCIDENTAL DEATH
AEROPLANE WRECK
(Verdict of Jury)

Other contributory causes of importance: 214 W
40

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ACCIDENT Date of injury 2/15, 1939

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

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

ARMY AIR SERVICE

Manner of injury —

Nature of injury —

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

If so, specify

(Signed) Dr. C. Back Cooper M.D.

(Address) St. Genevieve Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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