

Registration District No. **791**

Primary Registration District No. **1008**

1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **St. Louis**  
 (c) Name of hospital or institution: **En Route City Hospital**  
**1114 Madison Street.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3**  
 (Specify whether years, months or days) **30 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1114 Madison Street.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **James C. George, 620**

8. (b) If veteran, name war **no** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillian** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Jan. 14th, 1880**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59 9 9** hr. min.

9. Birthplace **Indiana**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Clerical Work W.P.A**

11. Industry or business \_\_\_\_\_

12. Name **James C. George.**

13. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lillian George**

(b) Address **1114 Madison Street.**

17. (a) **Burial** (b) Date thereof **Oct. 27th, 1939**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Wood Park Cem**

18. (a) Signature of funeral director **H. Leidner and Co.**

(b) Address **1417 N. Market Street.**

19. (a) **OCT 26 1939** (b) **J. F. Budich**  
 (Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION  
 No physician in attendance  
 20. DATE OF DEATH: Month **October** Day **23rd**  
 year **1939** hour **11:** minute **45** P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bacilli Meningitis;**  
**Oedema of Brain.**

Duration \_\_\_\_\_

Due to **NA**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature **Alfred Henry** (M. D. or other) \_\_\_\_\_

Address **Deputy Coroner** Date signed **10/26/39**

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Thomas L. Ponder* .....

Licensed Embalmer No. *3367* .....

P. O. Address *2223 St. Louis* .....

**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.**