

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1917 Hamilton Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **FRED GEORGE.** **620**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Maggie George.**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 1, 1861.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78** **10** **17** hr. min.

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

10. Usual occupation **Carpenter**

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

MOTHER FATHER  
12. Name **Dont Know.**  
13. Birthplace **Dont Know.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Catherine Seibel.**  
15. Birthplace **? Germany.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Frank Seibel**

(b) Address **2013 7th Congress St.**

17. (a) **Burial** (b) Date thereof **5-21-1940.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **MAY 20 1940** (b) **J. B. Biedeck**  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1917 Hamilton Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18th.**  
year **1940** hour **3** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **Jan 6<sup>th</sup>**  
**1940**, to **May 18<sup>th</sup>**, 19**40**  
that I last saw him alive on **May 17<sup>th</sup>**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **Unknown**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Arterio-sclerosis**  
**Hypertension**  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **James J. Seibel** (M., D. or other) **Dr**  
Address **6201 1/2 St.** Date signed **5/19/40.**

WHITE PENCIL - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.

1 X1531

**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 3454

David C. Gibson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern Ave. 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.**