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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19901

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4849

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community St. Louis

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 25 Chestnut St
(If outside city or town limits write "RURAL")

(d) Street No. 520 Chestnut St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

8. (a) PRINT FULL NAME George McDole 224

8. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Lee McDole

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 2 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	29	hr. min.

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

10. Usual occupation Retired

11. Industry or business Unknown

MOTHER FATHER

12. Name John McDole

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

14. Maiden name Anna Roberts

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

16. (a) Informant Chas. M. Dale

(b) Address Greensburg Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Weslyan Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31, year 1940 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from May 27, 1940, to May 31, 1940, that I last saw him alive on May 31, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	3 days
Due to arteriosclerosis	years
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address 1515 Lafayette, Date signed 6/1/40

(Licensed Embalmer's Statement on Reverse Side)

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. 2245

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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