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No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20573**
5521
Registrar's No.

Registration District No. **79** Primary Registration District No. **1940**

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 1 Mo. 25 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Other **360**
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sophie 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 20 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name John J. Other

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

14. Maiden name Theresa Oestreich

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sophie Other
(b) Address 3940 Chalozan

17. (a) Burial (b) Date thereof 6-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St Peter & Paul

18. (a) Signature of funeral director Aspar G. Neppenstein
(b) Address 4016 Chippewa

19. (a) JUN 28 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis **16**
(If outside city or town limits, write "RURAL")
(d) Street No. 3980 Chalozan
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27,
year 1940 hour 10:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from May
2, 19 40 June 27, 19 40
that I last saw him alive on June 27, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Isotk gangrene
Due to arteriosclerosis

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 [Signature] (M. D. or other) _____
Address 1515 Lafayette Date signed 6/28/40

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

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 *Ernest W. Spillers*

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnicu

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.