

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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:
Lutheran Hospital
(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 **George H. Cagle 240**

3. (b) If veteran, name war **Spanish American** 3. (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 **Mary Cagle** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **January 29 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **10** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Salesman**

11. Industry or business _____

12. Name **George H. Cagle Sr.**

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

14. Maiden name **Don't Know**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Cagle**

(b) Address **152a Victor St.**

17. (a) **Burial** (b) Date thereof **July 11 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hediamont Ave**

19. (a) **JUL 10 1940** (b) Signature **J. F. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis 23**
(If outside city or town limits, write "RURAL")
(d) Street No. **152a Victor St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1940** hour **9** minute **55** A.M.

21. I hereby certify that I attended the deceased from **6/9/40**
_____ 19, to **6/9/40** 19;
that I last saw him alive on _____ 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Apk's play**

Due to _____

Due to _____

Other conditions **Ch. Myocarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____
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) Means of injury _____

23. Signature **Albert H. ...** (M. D. or other) _____
Address **3109 S. Grand Blvd** Date signed _____

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

JAN 14 1942

3109
1-3-27-60
Jan. 0350
a. [Signature]

MADE IN U.S.A.

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 Joe W. Clark
Licensed Embalmer No. 1661
P. O. Address 1175 Hadrian

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.