

FILED SEP 25 1940 9 1

Registration District No. _____

Registrar's No. 6477

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 11 mos. 29 days
(Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 13 26
(If outside city or town limits, write "RURAL")
2443 No. 11th St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME George Malcolm 424

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

7. Birth date of deceased Dec. 9 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 22 hr. min.

9. Birthplace Unknown Scotland 11
(City, town, or county) (State or foreign country)

10. Usual occupation Solicitor

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown
15. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant L. Degeen day
(b) Address _____

17. (a) BURIAL (b) Date thereof Aug 1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEW'S

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette av.
19. (a) AUG 1 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st.
year 1940 hour 4:20 minute a.m. M.

21. I hereby certify that I attended the deceased from July 1, 19 40 July 31, 19 40
that I last saw him alive on July 31st., 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lobar-pneumonia
7-22-40

Due to Arteriosclerosis 7-22-40

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: MS
Of operations _____
Of autopsy Yes

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) (c) Means of injury _____
23. Signature J. K. Edelmann (M. D. or other)
Address 15400 Arsenal St Date signed _____

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.

M. Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.