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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30806

Registration District No. 791 FILED OCT 2 1940 Primary Registration District No. 1003 Registrar's No. 8093

1. PLACE OF DEATH:
(a) County St. Louis 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: Masonic Home of Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12
(d) Street No. 5435 Delmar (If rural, give location) O
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Christina George
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race W.
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Henry George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 19, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	6	7	hr. min.

9. Birthplace Germany (City, town, or county) 6 (State or foreign country)
10. Usual occupation Practical Nurse 6
11. Industry or business 6
FATHER 12. Name Nicolue Giesler
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Elizabeth Hepp
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Lua Hirsch
(b) Address 5351 Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) SEP 28 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 26 day 26 year 1940 hour 2. 10 minute P. M.
21. I hereby certify that I attended the deceased from October 16, 1939 to September 26, 1940 that I last saw her alive on Sept. 26, 1940. and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bradycardia — 6 Mths.
Due to
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? No (e) Means of injury ----------
23. Signature [signature] (M. D.)
Address 508 N Grand Date signed 6/26/40

(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 Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.