

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39481

State File No.

Registration District No. 678

FILED DEC 11 1940

Registration District No. 5904

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Soldiers Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 3 mo
(Specify whether years, months or days)

In this community as above 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town St James
(If outside city or town limits, write "RURAL")

(d) Street No. Federal Soldiers Home
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE H HELLER

3. (b) If veteran, name war Spanish Amer

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

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

7. Birth date of deceased Mar 26 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>7</u>	<u>27</u>	<u>hr. min.</u>

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name _____ 9

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

14. Maiden name _____

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

16. (a) Informant A. H. Gullock

(b) Address St James Mo

17. (a) Burial (b) Date thereof 11-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Suburban Burial

18. (a) Signature of funeral director W. C. Tischer

(b) Address St James Mo

19. (a) 11-24-40 (b) Elaine B. House
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1940 hour 6 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 5
1940, to Nov 23, 1940

that I last saw him alive on Nov 23, 1940:
and that death occurred on the date and hour stated above.

Immediate cause of death: Causes of left lobe of lung

Due to _____

Due to _____ 477

Other conditions: _____
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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)

(e) Means of injury _____

23. Signature A. H. Gullock (M. D. or other) _____
Address St James Mo Date signed Nov 23 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.....

me, Registered Apprentice No. _____
working under my personal supervision.

Signed Oral E. Licklider

Licensed Embalmer No. 3546

P. O. Address St. James M

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.