No. 2
4-13-40
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X23159

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. 40698

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10469

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: 3153 Portis Av. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis Co. (If outside city or town limits, write "RURAL")

(d) Street No. 328 E. Big Bend Rd. N.R. (If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Bessie A. George

3. (b) If veteran, name war no.

3. (c) Social Security No. 492-16-0102

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Wilbur George

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. (Month) 6 (Day) 1886 (Year)

8. AGE: Years 54 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Bell Gentry
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Genevieve McMillan

(b) Address 3153 Portis Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director Witt Bros. L & H Co

(b) Address 2929 S. Jefferson Av.

19. (a) DEC 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

20. DATE OF DEATH: Month Dec. day 18 year 1940 hour 5 minute 00 p. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of heart following coronary thrombosis with injarction.

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address Supply Coroner Date signed 12/19/40

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.