

Registration District No. **157**

Primary Registration District No. **3036**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 0/
(c) City or town Route #2 Florissant 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9th
year 1941 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from 12/1
_____, 1940, to 1/19, 1941;
that I last saw him alive on 1/9, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Secondary to emphysema Duration 1 day
Due to: Polyarteria Vera 1 yr
Due to: Hypertrophy of Prostate 6 mo
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: Benign Hypertrophy of Prostate
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? _____ (e) Means of injury _____
23. Signature B. J. ... (M. D. or other) MD
Address St. Charles, Mo. Date signed 1/19/41

8. (a) PRINT FULL NAME George Mullandy

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased: Oct. 26th. 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 13 hr. min.

9. Birthplace: Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name ? Mullandy

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't know
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant D. J. ...
(b) Address 3710 N. Grand St. Louis Mo.

17. (a) Burial (b) Date thereof 1-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Jack Cemetery

18. (a) Signature of funeral director Probst and Co.
(b) Address 3710 N. Grand Blvd.

19. (a) 1-11-41 (b) Lawrence E. ...
(Date received local registrar) (Registrar's signature)

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

2293

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

Kenneth Jones

, Registered Apprentice No. 238

working under my personal supervision.

Signed Robert L Brinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd

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.