

No. 2
-1-4-41
-17-39
X26350

FILED MAY 13 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3287

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Hours
 In this community 16 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clinton James George

3. (b) If veteran, name war None 3. (c) Social Security No. 494-10-0799

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth George 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased June 6, 1909
 (Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business Meat Market

12. Name Jacob George

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

14. Maiden name Alta Crane

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

16. (a) Informant Ruth George

(b) Address Ruth George / 223 Canal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1941
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director P. St. M. Laughlin
 (b) Address 2301 Lafayette

19. (a) APR 16 1941 (Date received local registrar) (b) J. M. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1723 Carrol Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
 year 1941 hour 12:05 minute PM M.

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

Immediate cause of death
Diffused Retroperitoneal Hemorrhage Caused by Unmineralized Fractured left 4th Ribs. Fracture and Lower Lumbar; Suffered When Deceased Jumped from Third floor Window at his residence 1723a Carroll St. 4/15/41 7:25 am

Duration

PHYSICIAN

Major findings:
 Of operations: _____
 Of autopsy: 16/41 16/41

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) suicide
 (b) Date of occurrence 4/15/41
 (c) Where did injury occur? St. Louis (City or town) (County) (State) Mo
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? _____ Means of injury 3

23. Signature Alfred J. Perry (M. D. or other) 3
 Address Residence Date signed 4/16/41

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.

Signed *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.