

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

S.S. # 487-18-9494
16345
State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3863

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town _____
(c) Name of hospital or institution: St. Louis City Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CC
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1928a S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Procter

3. (b) If veteran, name war no
3. (c) Social Security No. 487-18-9494

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1941 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 3rd 1941 to May 5th 1941
that I last saw him alive on May 5th 1941
and that death occurred on the date and hour stated above.

4. Sex Male / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Procter
6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased About 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 45 Unknown hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Anna Procter

(b) Address 3947 West Pine St.

17. (a) Burial (b) Date thereof May 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Am. C. Mayfield

(b) Address 1926 Allen Ave.

19. (a) MAY 7 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death Lung Abscess cause unknown non tuberculous

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy as above

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Avenue Date signed 5/6/41

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

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17
9

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 Benj. L. Duman

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.