No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16892

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4410

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")

(d) Street No. 3737 N. Euclid Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME George W. Acuff

3. (b) If veteran, name war No

3. (c) Social Security No. 490-12-1961

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 17 (Day) 1886 (Year)

8. AGE: Years 55 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation Hoisting Engineer

11. Industry or business

MOTHER FATHER

12. Name George W. Acuff

13. Birthplace Mt. Vernon (City, town, or county) Indiana (State or foreign country)

14. Maiden name Margaret Caine

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Margaret Acuff

(b) Address 3737 N. Euclid Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) MAY 26 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 9, 1941, to May 24, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease with aortic stenosis — Duration about 37 yr. according to history

Due to Rheumatic fever 1904

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 Ludwig J. Huber (M. D. or other) O

Address 634 N. Grand Date signed 5-26-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Melvin Huber
Mo. Theatre Bldg.
230 - 6 PM

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.