

No. 2
4-12-40
5-17-39
PI X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26758
6550

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

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

1. PLACE OF DEATH: **FILLED SEP 17 1941**
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(d) Length of stay: In hospital or institution **4 Days**
In this community **6 Weeks** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Odessa George**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Col.**
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: **April 23 1924**
(Month) (Day) (Year)

8. AGE: Years 17 Months 3 Days 16
If less than one day hr. min.

9. Birthplace: **Pine Bluff Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **School Girl**

11. Industry or business

12. Name: **Sam George**

13. Birthplace: **Miss. 1**
(City, town, or county) (State or foreign country)

14. Maiden name: **Viether Day**
(City, town, or county) (State or foreign country)

15. Birthplace: **Ark. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Johannes Spinke**

(b) Address: **1229 Division**

17. (a) **Burial** (b) Date thereof: **8 13 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **E. St. Louis**

18. (a) Signature of funeral director: **J. M. Green**

(b) Address: **3517 S. Olive Ave**

19. (a) **AUG 11 1941** (b) **J. F. Redick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **St. Louis**
(c) City or town: **St. Louis East St. Louis**
(d) Street No.: **1229 Division, East St. Louis**
(e) If foreign born, how long in U. S. A.: **2** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **9** year **1941** hour **8** minute **10** A.M.
21. I hereby certify that I attended the deceased from **August 5,** 19**41** to **August 9,** 19**41**
that I last saw her alive on **August 9,** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death:
1. Contracted Pelvis with Hydrocephalic Fetus
Due to Caesarean Section
Probably heat exhaustion
Due to heat or sun stroke
Other conditions: **Prob. Paralytic ileus**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: **149 to**
Of autopsy: **149 to**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: **Lewis F. Bodder**
Address: **2601 North Whittier**
Date signed: **8/11/41**

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 *M. Green*

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad

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.