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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30384

State File No. _____

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7723

1. PLACE OF DEATH:

(a) County St Louis MO

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)

In this community _____
years, months or days 35 years

8. (a) PRINT FULL NAME Maggie George

8. (b) If veteran, name war _____

8. (c) Social Security No. 71

4. Sex 3 female

5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 9-25-1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation COOK

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frankie Collins

(b) Address 4317 Kennerly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-41
(Month) (Day) (Year)

(c) Place: burial or cremation Waller's Wood

18. (a) Signature of funeral director Smith-Goodrich

(b) Address 4300 LaBadie Ave

19. SEP 25 1941 (Date received local registrar) (b) J. J. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 4317 Kennerly
(If rural, give location)

(e) If foreign born, how long in U. S. A? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day Sept.
year 1941 hour 2:20 minute P. 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 2nd & 3rd Degree burns
of right arm and breast; when
deceased clothing became ignited
Due to while striking a match in her
home at 4317 Kennerly Ave., on Sept.
20th, 1941, at about 7:00 P.M.
(Bleg. did not burn)

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) Accident

(b) Date of occurrence Sept. 20, 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Walter Perry (M. D., or other) 3
Address 1214 1/2 Locust Date signed 9/25/41

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

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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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No. *2117*

P. O. Address.....

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.