

FILED OCT 7 1941

STANDARD CERTIFICATE OF DEATH

State File No. 32501

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1908

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
627 PEARL AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 24 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 627 PEARL AVE.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE CORNELIUS USHER

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1941 hour 5 minute 0-0 M.

21. I hereby certify that I attended the deceased from June 1938 to Sept. 12, 1941
that I last saw h. alive on Sept. 12, 1941
and that death occurred on the date and hour stated above.

4. Sex MALE race WHITE

5. Color or divorced MARRIED

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

6. (b) Name of husband or wife CLARA A. USHER

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JULY 2 1870
(Month) (Day) (Year)

Immediate cause of death Myocardial
Duration 3 hrs.

8. AGE: Years Months Days If less than one day

71 2 11 — hr. — min.

Due to _____

Due to 930

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

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PRINTING OWNER

11. Industry or business COURT USHER PAT. CO.

12. Name Robert USHER

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

14. Maiden name MARIE C. MEADE

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

16. (a) Informant Mrs. Clara A. Usher

(b) Address 627 Pearl on Kirkwood, Mo.

17. (a) CREMATION (b) Date thereof SEPT. 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker S. Jones

(b) Address WEBSTER GROYES MO.

19. (a) SEP 15 1941 (b) C. S. McArthur
(Date received local registrar) (Registrar's signature)

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 R. S. Wertz (M. D. or other) _____
Address Kirkwood, Mo. Date signed 9-15-41

NOV. 12 1947

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..... *W. L. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address..... *Isabel Graves Ms*

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.