

BUFILE OF THE CENSUS
FILED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 da
(Specify whether
In this community
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 11
(c) City or town Centralia N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 105 E. Fifth
(If rural, give location) 2
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1941 hour 6 minute 55 A.M.
21. I hereby certify that I attended the deceased from September
30, 1941, to October 2, 1941;
that I last saw him alive on October 2, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA

Due to CAUSE UNDETERMINED

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)
(e) Means of injury ↑

23. Signature JR Malley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 10-2-41

3. (a) PRINT FULL NAME George Ralph Middendorf

3. (b) If veteran, name war No. 3. (c) Social Security 319-09-8883

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

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July 5 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 2 27 hr. min.

9. Birthplace Centralia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone Lineman

11. Industry or business Bell Telephone Co.

12. Name George Middendorf

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

14. Maiden name Amelia Sanders

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

16. (a) Informant Josephine Middendorf

(b) Address Centralia, Ill.

17. (a) Removal (b) Date thereof 10/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) 1941 4700 Washington Ave.

19. (a) 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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

JAN 30 1942

NOV 27 1941

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.....

Wilford S. Pursley

.....
Licensed Embalmer No. 4202, F

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, fact should be so stated above.