S. No. 2
M—1-4-41
v. 5-17-39
I X26320

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5016

Primary Registration District No. 10C 2

Registrar's No. 1635

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:
2831a Caroline Street
(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) 1 hour

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22 000 17

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

(d) Street No. 2831a Caroline Street 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME (BABY) GEORGE STURGESS

3. (b) If veteran, name war

3. (c) Social Security No.

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 21, 1942
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Fred Sturgess
13. Birthplace Doe Run, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Jost
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Sturgess
(b) Address 2831a Caroline Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director A. N. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) FEB 23 1942 (Date received local registrar) (b) J. G. Bradecks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22nd
year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 2-21-42, 19..., to 2-22-42, 19...; that I last saw h alive on 2-21-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital disease	8h
Due to	
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 (M. D. or other)

Address 2278 S. Jefferson Date signed 2-22-42

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.