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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12631

State File No.

FILED MAY 7 1942

Registration District No. 191 · Primary Registration District No. 1003 · Registrar's No. 3867

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3866 SHAW AV. 9
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arminia George

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES GEORGE

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased SEPT (Month) 22 (Day) 1902 (Year)

8. AGE: Years 39 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name EDWARD BULLOCK
13. Birthplace (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name REBECCA SCOTT
15. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant JAMES GEORGE
(b) Address 3866 SHAW

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEW CEM.

18. (a) Signature of funeral director Thos Kates & Son
(b) Address 2906 Gravois

19. (a) APR 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29, year 1942 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from April 26, 1942 to April 29, 1942 that I last saw her alive on April 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Intraventricular Hemorrhage

Due to of Brain

Due to 83

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address 1515 Lafayette Avenue Date signed 4/30/42

844

(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 David Van Fossan, Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Garrison

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.