V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1942

Cc 8686 34723

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2185

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Sept. 8, 1942 (Specify whether In this community Unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 3510-A South Spring Ave., (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME George Bleedorn

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. ~~Yes - not remembered.~~ 49809-4522

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Alma

6. (c) Age of ~~husband~~ or wife if alive 49 years

7. Birth date of deceased August (Month) 27, (Day) 1892 (Year)

8. AGE: Years 50 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business -

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Abel Selvaggi
(b) Address Acting Clinical Clerk, VAF, J.B., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Fri Oct 23rd (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cem

18. (a) Signature of funeral director Wm. H. Beiderwieden
(b) Address 1936 St Louis Ave

19. (a) OCT 21 1942 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th, year 1942 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from September 8, 1942 to October 20, 1942 that I last saw him alive on October 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY, CHRONIC, FAR ADVANCED, ACTIVE. Duration Unkn.

~~Due to~~

~~Due to~~ -

Other conditions Pleurisy, fibrinous, chronic, base, right. (Include pregnancy within 3 months of death) Unkn.

Major findings:
Of operations none.
Of autopsy No 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 L. M. COCHRAN, M.D., (M. D. or other)
Address CHIEF MEDICAL OFFICER Date signed 10/21/42

(Licensed Embalmer's Statement on Reverse Side)

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

96
0
0

B
-424
3/26/42

OST 261942

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 me Theo. W. Beidenweden, Registered Apprentice No. _____, working under my personal supervision.

Signed Theo. W. Beidenweden

Licensed Embalmer No. 506

P. O. Address 1936 St Louis Ave.

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.