. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

38584

State File No. 10993

Registrar's No.

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:
Missouri Babtist Hoapital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis~~ Jennings 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5317 Helen Avenue N.R.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME (George R. Chisholm)

3. (b) ~~If veteran,~~ (Alias Harry H. Hill) 3. (c) Social Security
~~name war~~ No. None

4. Sex Male | 5. Color or race Wh 0 | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Myrtle Chisholm

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February (Month) 22 (Day) 1873 (Year)

8. AGE: Years 69 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Boston (City, town, or county) Mass. 1 (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Hugh Chisholm
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

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

16. (a) Informant Gordon R. Chisholm (Son)
(b) Address 5317 Helen Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 31 '42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-26, 1942, to 12-28, 1942
that I last saw him alive on 12-28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis

Due to Pneumonia (Lobar)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration: 3 days

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 J. H. Walton M.D. (M. D. or other)
Address 5136 N Taylor Date signed 12-29-42

(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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.