

6761 6 DEC FILED 318

State File No. 10427
Registrar's No.

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Homer P. Phillips
(d) Length of stay: In hospital or institution
In this community... years, months or days

3. (a) PRINT FULL NAME: George Stein
3. (b) If veteran, name war: No
3. (c) Social Security No. Unk.

4. Sex: Male 5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Maria Stein
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Oct 29 1889
(Month) (Day) (Year)

8. AGE: Years: 54 Months: 0 Days: 26
If less than one day: hr. min.

9. Birthplace: Unk. Miss. 1
(City, town or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business

MOTHER FATHER
12. Name: Unk
13. Birthplace: Unk Unk 9
(City, town, or county) (State or foreign country)
14. Maiden name: Unk
15. Birthplace: Unk Unk?
(City, town, or county) (State or foreign country)

16. (a) Informant: Maria Stein
(b) Address: 2329 Chouteau, Ave

17. (a) Burial (b) Date thereof: Nov 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: English Ind. Co
(b) Address: 2731 Levee, Ave

19. (a) NOV 29 1943 (b) J. F. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 17 N
(c) City or town: St. Louis
(d) Street No.: 2329 Chouteau, Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country: d

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 24
year 1943 hour 7:40 minute P M.
21. I hereby certify that I attended the deceased from
that I last saw him... alive on...
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Due to: Arteriosclerai
Other conditions: 9/4
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations:
Of autopsy:

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(d) Means of injury:
23. Signature: James P. [unclear] (M.D. or other)
Address: 1305 [unclear] Date signed: 11/29/43

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

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 *Burleson English*
Licensed Embalmer No. *4208*
P. O. Address *2931 Lucas, Ala*

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.