

40339

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 21 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11235

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0 5 City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 5 Mo. 14 days (Specify whether
In this community 5 Mo. 14 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17/96
(d) Street No. 1900 Goodfellow (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John George Primus

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 9 1863 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 14 If less than one day hr. _____ min. 0

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

10. Usual occupation carpet layer

11. Industry or business _____

12. Name George Primus
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Sylvia
15. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

16. (a) Informant M. Geasland
(b) Address 5800 Arsenal St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Bldg.

19. (a) DEC 16 1943 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1943 hour 5:15 minute P.M? M.

21. I hereby certify that I attended the deceased from Aug 1 1943 to Dec 15 1943 that I last saw him alive on Dec 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration _____
Due to Generalized arteriosclerosis

Due to _____
Other conditions Senile psychosis (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy Tuberculosis of pt apex
Coronary sclerosis

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature Tomer A Sweetman MD. (M. D. or other)
Address 5800 Arsenal Date signed 12-16-43

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.....

Albert R. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.