

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

State File No.

FILED FEB 1 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **714**

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2214 College Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George M. Chilcott

3. (b) If veteran, name war none

3. (c) Social Security No. 489-16-6498

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife M. wife

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 21 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 1
If less than one day hr. min.

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

10. Usual occupation Store keeper

11. Industry or business Hadley Vocational school

12. Name Elihu Chilcott

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Chilcott

(b) Address 2214 College Ave.

17. (a) Removal (b) Date thereof 1/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Missouri

18. (a) Signature of funeral director J. F. Bredek

(b) Address 2117 E. Grand Blvd.

19. (a) Jan 21 1944 (b) J. F. Bredek
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 29 1943 to Jan. 22 1944
that I last saw him alive on Jan. 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocardial Disease Duration 4 mos

Due to Chr. Bronchitis e Bronchiectasis 4 mos

Due to 9 3/4

Other conditions (Include pregnancy within 3 months of death) 9 3/4

Major findings: Of operations none

Of autopsy none

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) (e) Means of injury _____

23. Signature J. F. Bredek (M. D. or other) _____
Address Summerville Bldg Date signed Jan 21 1944

11-3-7

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..... *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address..... *2117 E. Main*

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.