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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 20 1944 18

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 124

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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
12

(c) City or town St. Louis, 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 3827 Meramec St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur E. George

3. (b) If veteran, name war No

3. (c) Social Security No. 488-09-3449

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie George 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 22, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58	3	13	hr. min.
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9. Birthplace Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Monsanto Chem. Company

MOTHER FATHER

12. Name Frederick George

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

14. Maiden name Unknown

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

16. (a) Informant Nellie George

(b) Address 3827 Meramec St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 8 44
(Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Wacker-Heldale and Co
3634 Gravois Ave.

(b) Address JAN 6 1944

19. (a) (Date received local registrar) (b) J. F. Brudack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1944 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1943, to Jan. 5, 1944; that I last saw him alive on Jan. 5, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess - meningitis - Pneumococ - cur.

Due to Ear infection and septicemia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8/12

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Jan

(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) (2) Means of injury

23. Signature S. A. J. J. J. (M. D. or other) J. F. Brudack

Address 3634 Gravois Date signed 1-5-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 J. Dyland*

Licensed Embalmer No..... *9675*

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.