

No. 2
-5443
5-17-39
I X36671

FILED FEB 27 1944
318

Registration District No. **318** Primary Registration District No. **1003**

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:
2856 Wyoming St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life.
years, months or days)

3. (a) PRINT FULL NAME George Harle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 13th, 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Day 24 If less than one day 2 hr. _____ min.

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

10. Usual occupation Municipal employee

11. Industry or business _____

MOTHER { 12. Name Not known
13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Harle

(b) Address 2856 Wyoming St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/44
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcks Cem.

18. (a) Signature of funeral director John S. Ziegenhew & Sons
(b) Address 7027 Gravois Ave.

19. (a) JAN 11 1944 (Date received local registrar) (b) J. F. Brander (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2856 Wyoming St., 24
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
year 1944 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from Dec 20th
1943, to Jan 9th, 1944.
that I last saw him alive on Jan 8th, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary edema 48hrs Duration _____

Due to Chronic myocarditis
Due to Gradual atherosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature Leuel H. Baker (Specify type of place) (M. D. or other)
Address 3353 Rebreck St. Date signed 1-10-44

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.