

No. 2  
5-43  
17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CONSUL  
FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

410

State File No. \_\_\_\_\_

318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 518

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME George Held.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-03-1937

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Frances Held 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 16th 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk

11. Industry or business Rothschild Hat Co

12. Name William Held

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

14. Maiden name Margaret (unknown)

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

16. (a) Informant Mrs. Frances Held-wife

(b) Address 4589 Maffitt Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,  
(b) Address 2849 North Euclid Ave.  
JAN 18 1944 (Date received local registrar) (c) Signature of Registrar J. F. Brudvik  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 11  
(d) Street No. 4589 Maffitt Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th  
year 1944 hour 10:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1944, to Jan 16, 1944  
but I last saw him alive on Jan 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinoma Duration \_\_\_\_\_  
of the involving the kidney  
large & small bowel and mesenteric  
Due to metastatic carcinoma ?  
throughout peritoneal cavity  
Due to cause of cancer involving  
truncus with myocardium ?  
Other conditions Myocardial infarction  
(Include pregnancy within 6 months of death)

Major findings: See cause of death  
7. Of operations \_\_\_\_\_

Of autopsy None obtained

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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. C. ... (M. D. or other) \_\_\_\_\_  
Address 1117 N. Grand Date signed 1-17-44

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

Rev. E. Emmett Kane

Jan 1, 19

**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 D. Mayfield

Licensed Embalmer No. # 3077

P. O. Address St. Louis, Mo.

**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.**