

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

12683

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 15 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4048

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

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:  
5748 Page  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5748 Page Blvd.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

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

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife..... Carrie 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased February 22, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 2 7 hr. min.

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

10. Usual occupation Railway Mail Clerk  
U.S. Post Office

11. Industry or business.....  
12. Name James D. Dameron

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

14. Maiden name Mattie Marquis

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

16. (a) Informant Mrs. Carrie Dameron

(b) Address 5748 Page  
17. (a) Removal (b) Date thereof May 1, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Missouri

18. (a) Signature of funeral director John B. Stewart  
(b) Address 1225 Union Blvd.

19. (a) MAY 1 1944 (b) J. J. Madock  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from for its  
past 30 years 19..... to..... 19.....  
that I last saw him in alive on April 28, 19.....  
and that death occurred on the date and hour stated above

Immediate cause of death Decompensation of heart Duration  
7 heart

Due to Degenerated heart muscle associated with arteriosclerosis and cardiac deterioration of many years due to standing senility of organized tissues  
Other conditions Poorly organized tissues  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....  
9/3/44

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  
23. Signature Wm Nelson (M. D. or other)  
Address 5449 Delmar Date signed Apr 29/44

**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

*E. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

**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.**