

FILED AUG 8 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6759**

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

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: Mc. Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair

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

(d) Street No. 2132 St Louis Ave
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Michael Kufe

3. (b) If veteran, name war No

3. (c) Social Security No. 702-14-6399

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Lillian Hattie Kufe

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 31 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>1</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation Witchman

11. Industry of business Mc Pacific RR.

12. Name John Kufe

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

14. Maiden name Mary Swift

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

16. (a) Informant Lillian Hattie Kufe

(b) Address East St Louis Ill.

17. (a) Burial (b) Date thereof 8/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel - E. St Louis, Ill.

18. (a) Signature of funeral director Walter H. Adams

(b) Address 1416 St Louis Ave East St Louis, Ill.

19. (a) AUG 2 1944 (b) J. F. Beeseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1944 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 27, 1944 to July 30, 1944
that I last saw him alive on July 30, 1944
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Decalcification
Aneurysm of the aorta

Due to _____

Due to _____

Other conditions 95
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? See

While at work? _____ (Specify type of place)

(e) Means of injury 1450

23. Signature Am Boyl (M. D. or other) MD

Address no Rice Mass Date signed 7-31-44

MOTHER FATHER

East St Louis Ill.
East St Louis Ill.

AUG 2

1944

Embalmed Sep Cert to be filed

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.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

6759

State of }
County of } ss.

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of September, 1944 before me appears Lillian Keefe, who, upon an oath, states that the original record of ^{birth} death for George Micheal Keefe ^{died} ~~born~~ July 30, 1944, 19 , in the State of Missouri, and which was filed at St. Louis, Mo. ^{at that time} ~~on~~ 6th, 19 , should be corrected as follows:

Item No. should read 2128 N. St. Louis Ave. East St. Louis, Illinois

Instead of 2221 St. Louis, Ave.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant x

Lillian Keefe Wife
Relationship.

2128 St. Louis Ave
Present Address.

Subscribed and sworn to before me this 7th day of September, 1944

My Commission expires 1/23/47

Nelson C. Schoenfelder
Notary Public.



Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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