

FILED JAN 16 1945

1003

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 130

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:
Missouri Pacific Hospital
(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

George Albert Torgler

3. (a) PRINT FULL NAME George Albert Torgler
 3. (b) If veteran, name war. No. _____
 3. (c) Social Security No. 602-14-8165

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Annie Sanburn Torgler 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased April 28, 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 7 If less than one day _____
hr. min.

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

10. Usual occupation Retired section foreman

11. Industry or business Mo. Pac. R. R. Co.

MOTHER FATHER { 12. Name John P. Torgler
 13. Birthplace ?
(City, town, or county) (State or foreign country)
 14. Maiden name Throne
 15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Sanburn Torgler

(b) Address Box 7 Arlington, Colo.

17. (a) Removal (b) Date thereof 1/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington, Colo.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 6 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County _____
 (c) City or town Arlington
(If outside city or town limits, write "RURAL")
 (d) Street No. Box 7
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

999
5
N.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
 year 1945 hour 4 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Dec
 _____, 1944, to _____, 1945

that I last saw him alive on Jan 5, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Deslute Mellitus
Ch. nysocarditis

Duration

Due to _____

Due to _____

Other conditions _____
(Exclude pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Mo. Pac. R.R. Date signed 1-5-45

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

2
43
39
37823

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. 1994
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.