

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 23 1945
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2181

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:
5216-Kensington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5216-Kensington Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Melville Embrey

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased Dec 12 1898
(Month) (Day) (Year)

8. AGE: Years Months Days 46 2 23 If less than one day hr. min.

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

10. Usual occupation Shipping Clerk

11. Industry or business J.C. Penney Co.

12. Name George P. Embrey

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

14. Maiden name Mathilda Schaeffer

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

16. (a) Informant Nora Christine Armstrong

(b) Address 8242-Flora Ave-Vinita Park

17. (a) Burial (b) Date thereof. 3-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Blairman Bros. Inc.

(b) Address 2504-Woodson Rd. Overland

19. (a) MAR 7 1945 J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
year 1945 hour 5 minute a M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Demerol given about the bone of the leg caused by ruptured vessel in the neck of leg while
Due to.....
Due to.....

Other conditions (Include 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?

(Specify type of place) While at work?..... (e) Means of injury.....
23. Signature Patience E. Taylor (M.D. or other).....
Address Dep. Cor. Date signed 3/6/45

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

MOTHER FATHER

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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *Overland 1470*.....

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.