

S. No. 2
FORM-5-43
Rev. 5-17-39
X 36671

35153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 29 1945
318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 10047

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:
Firmin Desloge Hospital
(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. 320 North Skinker Blv'd.
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE ALLEN CORY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 13 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1945 hour 10:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6/19, 1945 to 11/19, 1945
that I last saw him alive on 11/19, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Chronic Nephritis Duration ?

Due to Hypertensive Vascular Disease ?

Other conditions None
(Include pregnancy within 3 months of death)

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Cory

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

14. Maiden name Marguerite Quimby

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ward G. Day

(b) Address 320 North Skinker Blv'd., St. Louis

17. (a) cremation (b) Date thereof 11-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delman Blv'd., St. Louis

19. (a) NOV 20 1945 J. F. Bredeek
(Date received by local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Boris

(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) _____
Means of injury _____

23. Signature E. Lee Shradick (D. or other) _____
Address 3720 W. Washington Date signed 11/20/45

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. Lee Schneider.
3120 Beaumont Bldg.
NE-6146

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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City*

NOT EMBALMED

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.