

FILED MAR 20 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **11383**
Registrar's No. **2375**

Registration District No. **318** Primary Registration District No. **1003**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether

In this community
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. 2006 Cole St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George McBride

3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex Male **5. Color or race** Col. **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 July 5 1928
(Month) (Day) (Year)

8. AGE: Years 17 Months 8 Days 1 If less than one day
hr. min.

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

10. Usual occupation mil

11. Industry or business.....

MOTHER FATHER

12. Name George McBride, Sr

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

14. Maiden name Sonora Pierson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sonora Graves, Mother

(b) Address 2006 Cole St

17. (a) Burial (Burial, cremation, or removal) Burial **(b) Date thereof** 4-12-46
(Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cem.

(a) Signature of funeral director Boyd Bass

(b) Address 3744 Friberg ave

19. (a) MAR 11 1946 (Date received by Registrar) J. J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6
year 1946 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb. 22, 1946 to Mar. 6, 1946;
that I last saw him alive on Mar. 6, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia; Paralytic Ileus

Duration

Unk

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Yes

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 J. J. Bedeck (M. D. or other)

Address 2601 N. Whittier Date signed 3/7/46

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

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.....

Edward A. Flynn

Registered Apprentice No. *397*

working under my personal supervision.

Signed: *James A. Purcell*

Licensed Embalmer No. *35-2-2*

P. O. Address *3704 Tunney Ave*

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.