S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18069

FILED MAY 27 1946

Registration District No. 5

Primary Registration District No. 6076

Registrar's No. 1043

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 3/16/46 (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4873 Page Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MAINS, George C.

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 490126304

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 1 (Day) 1875 (Year)

8. AGE: Years 70 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Guard

11. Industry or business

FATHER
12. Name William P. Mains
13. Birthplace Greenfield, Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Toncray
15. Birthplace Hannibal, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-46 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & L

(b) Address 6464 Chippewa st. Co. St. Louis, Missouri

19. (a) 5-18-46 (Date received local registrar) (b) E. S. McGavra Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1946 hour 10:25 minute P M.

21. I hereby certify that I attended the deceased from 3/16/46, 19 to 5/15/46, 19 ; that I last saw him alive on May 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF STOMACH WITH METASTASES TO LIVER	UNK
Due to 46 b	
Due to	
Other conditions CORONARY ARTERIOSCLEROTIC HEART DISEASE; NEPHRITIS, CHRONIC (Include pregnancy within 3 months of death)	UNK

Major findings:
Of operations No Operation
Of autopsy No 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) No

(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? L. E. Stilwell (Name of injury) 0

23. Signature L. E. STILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 5/15/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1951

DEC 5 1946

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.

C

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.