

FILED DEC 17 1946

Registration District No. _____

Primary Registration District No. **3069007**

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Since 11-2-46**
(Specify whether years, months or days)

In this community **11 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **TRAWICK, George Connor**

3. (b) If veteran, name war **World I**

3. (c) Social Security No. **488 09 7845**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Alice Hoxie Trawick**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **December 17, 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	11	20	hr. min.

9. Birthplace **Standing Rock, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Doctor**

11. Industry or business _____

12. Name **Dr. Trawick**

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

14. Maiden name **Miss McSwain**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Registrar, Vet. Adm. Hosp.**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **12/10/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem**

18. (a) Signature of funeral director **Alexander & Sons, Fun.**

(b) Address **Directors, St. Louis, Missouri**

19. (a) **12-12-46** (b) **Paul G. Allen, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Chesterfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route #1**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **7**, year **1946** hour **4:40** minute **P** M.

21. I hereby certify that I attended the deceased from **November 2, 1946**, to **December 7, 1946**, that I last saw him alive on **December 7, 1946**, and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION WITH HEART FAILURE**

Duration **UNK.**

Due to **94a**

CONTRIBUTORY: **HEART DISEASE, CORONARY ARTERIOSCLEROTIC, WITH MYOCARDIAL ENLARGEMENT**

Other conditions **MANIFESTED BY AURICULAR FIBRILLATION**
(Include pregnancy within 3 months of death) **CLASS V**

Major findings: Of operations **No Operation**

Of autopsy **No Autopsy**

UNK. 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? _____

While at _____? (Specify type of place)

(a) Cause of injury **L. E. S. TILWELL, M.D.**

23. Signature **L. E. S. TILWELL, M.D.** (M, D. or other) **D**

Address **Vet. Adm. Hosp., Jeff. Bkls, Mo.** Date signed **12-9-46**

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

JAN 13 1947

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..... *Thomas C. Jewick*

Licensed Embalmer No. *3793*

P. O. Address. *6175 Belmont*

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.