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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 8 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
 Registration District No. **318** Primary Registration District No. **1003**

10865
 State File No. _____
 Registrar's No. **3190**

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

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: Lutheran Hosp. 1 day
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Louise C. George
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex F / **5. Color or race** W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Jr. **6. (c) Age of husband or wife if alive** 73 years
7. Birth date of deceased January 25, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	1	28	hr. min.

9. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home

11. Industry or business
12. Name Bernard Doll
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry George Jr.
(b) Address 7320 Sutherland Ave.

17. (a) Burial **(b) Date thereof** 3-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director H. Schumacher
(b) Address 3013 Meramec St.

19. (a) MAR 26 1947 **(b)** J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town St. Louis Shrusbury 15
(If outside city or town limits, write "RURAL")
 (d) Street No. 7320 Sutherland Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23
 year 1947 hour 9:20 minute A. M.
21. I hereby certify that I attended the deceased from MAR. 22, 1947, to _____, 19____;
 that I last saw her alive on MAR. 23, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
 Due to Myocarditis Chronic
 Due to _____
 Other conditions Chronic Capillary Myopathy heart dry
(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? _____

While at work? _____ **(c) Means of injury** _____
23. Signature David S. King (M. D. or other) M.D.
 Address 2632 S. KINGS HIGHWAY Date signed 3/24/47

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address. St Louis Mo.

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.