S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18906

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 4785

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-days (Specify whether years, months or days)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street 4475 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George L. Harrington
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Mary K. Harrington
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 14th., 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	7	26	hr. min.

9. Birthplace Mass. (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
MOTHER FATHER
12. Name John Harrington
13. Birthplace Ireland (City, town, or country) (State or foreign country)
14. Maiden name Frances Brine
15. Birthplace Mass. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary K. Harrington
(b) Address 4475 West Pine Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blve.
19. (a) MAY 12 1947 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th., year 1947 hour 11 minute 20 p. M.

21. I hereby certify that I attended the deceased from 18 October, 1946, to 10 May, 1947; that I last saw him alive on 10 May, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic carcinoma of brain and liver	6 weeks ?
Due to Primary adenocarcinoma of sigmoid colon	2 1/2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Resection of adenocarcinoma of sigmoid 15 Feb. 1945.
Of autopsy Metastatic carcinoma of liver & mesenteric glands – head not done

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature T. G. Drake (M. D.)
Address 114 N. Taylor (8) Date signed 12 May 1947
T. G. Drake

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 27 1941

MAY 23 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. W H Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.