

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9706

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4124 Alma
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4124 Alma
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME George M. Antrainer

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

3. (c) Social Security No.

4. Sex Male 5. Color or race White 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. August 10, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 2 19 hr. / min.

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

10. Usual occupation: Steamboat Pilot

11. Industry or business.....

MOTHER FATHER

12. Name Phillip Antrainer 5

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

14. Maiden name Regina Dollinger 4

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

16. (a) Informant Mr. Arthur Antrainer

(b) Address 4124 Alma Ave.,

17. (a) Burial, cremation, or removal Burial (b) Date thereof 10-23-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) NOV 20 1947 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1947 hour 4 a.m. minute..... M.

21. I hereby certify that I attended the deceased from.....
February 19 44 to Oct. 20, 19 47.
that I last saw h.s.m. alive on Oct. 18, 19 47.
and that death occurred on the date and hour stated above.

Immediate cause of death.....
uremia
hypertension
generalized arterosclerosis
renal lithiasis
congestive heart failure, nos.

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy none

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?..... Means of injury.....

23. Signature Delvin J. Burke (M. D. or other) MD.
Address 5203 Chestnut Date signed 10-20-47

Duration wks.

PHYSICIAN

Underline the cause of which death should be charged statistically.

Dr Burke
T.P.

✓

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 J.W. Bentley
Licensed Embalmer No. 3653
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.