S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39591

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10492

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

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 Luthern Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town 906 Lemay Ferry Rd.
(If outside city or town limits, write "RURAL")
(d) Street No. Lemay 23, Mo.
(If rural, give location)
N.R.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Doane
3. (b) If veteran, name war no
3. (c) Social Security No. 499034997.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Glenna Doane
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March (Month) 11 (Day) 1875 (Year)

8. AGE: Years 72 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Sheet metal wrok
11. Industry or business Commerical Engeneering
FATHER
12. Name ? Doane
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Glenna Doane
(b) Address 906 Lemay Ferry Rd.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope cemetery
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 1204 Telegraph Rd.
19. (a) NOV 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1947 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from 5 days, 19, to Nov 13, 1947 that I last saw him alive on 11/10/47, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cachexia & Toxemia	1mo
Due to Carcinomatosis	?
Site not determined	
Due to	
Other conditions Severe Jaundice (Include pregnancy within 3 months of death)	1mo

Major findings:
Of operations
Of autopsy not permitted

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 Walter H. W. Hoffman (M.D. or other)
Address 3108 S. Grand Date signed 11/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Haefer - 3108 So Grand

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 V Marrs

Licensed Embalmer No. 3360

P. O. Address Jersey

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.