

FILED MAY 11 1948

1003

4218

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2
In this community 2 Wks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 107
(c) City or town Summerville
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial N.P. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

DOROTHY GEORGE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bishop George 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased OCT 20 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Steops
13. Birthplace Summerville (City, town, or county) Mo. (State or foreign country)
14. Maiden name Sarah Pendland
15. Birthplace Summerville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Bishop George

(b) Address Summerville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Summerville Mo

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) MAY 5 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1948 hour 5 minute 55 P M.

21. I hereby certify that I attended the deceased from 5/2/48
to May 2nd 19 48
that I last saw h. or alive on May 2nd 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1000 Duration

Due to 92

Due to

Other conditions Mitral stenosis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Cerebral hemorrhage
Mitral Stenosis

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? (Specify type of place) (e) Means of injury M

23. Signature W. B. Mills 1515 Lafayette 5/3/48 (other)

Date signed

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

MOTHER FATHER

8128

Page

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. Allen Davis Jr
Licensed Embalmer No. 4053
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.