S. No. 2
I—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 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17443 4309

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 0
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 1
(d) Street No.: 3716a N. 21st St. (If rural, give location) 9
26
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country

3. (a) PRINT FULL NAME: George Bury
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Virginia Bury
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: About 1873 (Month) (Day) (Year)
8. AGE: Years: About 75 Months: Days: If less than one day: hr. min.
9. Birthplace: St Louis (City, town, or county) (State or foreign country) 0
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: ? Bury
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name: "
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Mary Walters
(b) Address: 4464 Margaretta Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Stroot-Carroll
(b) Address: 4600 Natural Bridge Ave.
19. (a) MAY 7 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 7 year: 1948 hour: 10 minute: 25 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.
Immediate cause of death: Arteriosclerosis of the brain
Duration
Antecedent causes: Prostatic hypertrophy
Underlying causes: Contributory Diabetes Mellitus
Other significant conditions: Confusion
Operation: Performed upon deceased [illegible] at 1322 Barton St. on May 4th 1948 at about 2:50 P.M.
(Include pregnancy within 3 months of death)
Major findings: Of operations: No
Of autopsy: No
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): Accident
(b) Date of occurrence: 5-4-48
(c) Where did injury occur? St Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work? (e) Means of injury: Fall
23. Signature: Robert E. Kaplan (M. D. or other)
Address: Deputy Coroner Date signed: 5-7-48

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

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

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.