

FILED JUN 28 1948 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.  
 (b) City or town Saint Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 5322 Murdoch Ave.  
 (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)

3. (a) PRINT FULL NAME George A. Held.

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 Widowed  
 6. (b) Name of husband or wife Minnie Held. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 5th, 1862.  
 (Month) (Day) (Year)

8. AGE: 85 Years 8 Months 15 Days If less than one day  
 hr. \_\_\_\_\_ min.

9. Birthplace Saint Louis Missouri.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Banker

11. Industry or business \_\_\_\_\_

12. Name Unknown 9  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Elva Held Foster  
(b) Address 5322 Murdoch Ave.17. (a) Burial (b) Date thereof June 23, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Mausoleum18. (a) Signature of funeral director. Ziegenfuss Bros.(b) Address 6409 Gravois Ave.19. (a) JUN 22 1948 (b) J. F. Brodeur  
(Date received local registrar's certificate) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
 (c) City or town Saint Louis. 17  
 (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 5322 Murdoch Ave. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th.  
year 1948. hour 4:00 minute 0 A. M.21. I hereby certify that I attended the deceased from June 15  
1948. to June 20 1948.  
that I last saw him alive on June 20 1948.  
and that death occurred on the day and hour stated above.Immediate cause of death Coronary thrombosis Duration 5 daysDue to arterial sclerosisDue to SmilityOther conditions no. 9 if  
(Include pregnancy within 3 months of death)Major findings: Of operations no PHYSICIAN \_\_\_\_\_Of autopsy no 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) no(b) Date of occurrence no(c) Where did injury occur? no (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 \_\_\_\_\_

23. Signature Henry P. Dyer (M. D. or other) MDAddress 508 W. 3rd Date signed 6/21/48

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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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.