FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24305

Registrar's No. 6120

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: Mo. ~~Pediatric~~ Baptist Hosp.
(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: Mo. (b) County: 510

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1828 Alfred Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 17 0

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM H. GEORGE

3. (b) If veteran, name war: None

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: Floy

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct. (Month) 20 (Day) 1871 (Year)

8. AGE: Years 76 | Months 8 | Days 19 | If less than one day: hr. min.

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

10. Usual occupation: R.R. District Frt. Agt.

11. Industry or business: B. & O. RR

MOTHER FATHER

12. Name: Anton George

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

14. Maiden name: Veronica Unknown

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

16. (a) Informant: Floy George

(b) Address: 1828 Alfred Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Hiram Cemetery

18. (a) Signature of funeral director: Kriegshauser Und. Co.

(b) Address: 4228 S. Kingshighway Bl.

19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1948 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1939, to July 8, 1948, that I last saw him alive on July 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 week
Due to: Arteriosclerotic heart disease	6 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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: N. J. Everroll (M. D. or other) MD

Address: 6356 Clayton Road Date signed: 7-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

Corr by all 4-10-48 H.C. Stokes

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
City ~~County~~ of St Louis }

State File No. .....
Local Registrar's No. 6120

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for William H. George, died ~~born~~ 7-9-1948, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 1-C should read Missouri Baptist Hospital
Instead of Mo Pacific Hospital
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Frank Deters
Relationship.

Kriegshauser Mortuary
4248 S. Kingshighway
Present Address.

Subscribed and sworn to before me this 23 day of July, 1948

My Commission expires 3-4-49

Ella C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
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