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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27486

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6960

1. PLACE OF DEATH:
(a) County
(b) City or town St Lovis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6044 Arsenal (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
(c) City or town St Lovis (If outside city or town limits, write "RURAL")
(d) Street No. 6044 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME George Raymond Bainter
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 Married
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 15 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	11	21	hr. min.

9. Birthplace Amboy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Dist Passenger Agent
11. Industry or business Santa Fe R. R.

FATHER
12. Name George W. Bainter
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Heath
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Frances Bainter
(b) Address 6044 Arsenal St
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 9 48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director City Funeral Home Inc
(b) Address 5029 Lafayette ave
19. (a) AUG 9 - 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1948 hour 9 minute 25 a. M.

21. I hereby certify that I attended the deceased from Oct 14-1914 May 16th, 1945 to Aug 5th 1948
that I last saw him alive on Aug 5th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition
Due to Carcinoma squamous cell, of pharynx-larynx, general in neck
Due to
Other conditions Primary - Larynx (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 C. E. Gundlach (M. D. or other)
Address 825 Univ. Club Bldg 607 N. Grand
Date signed 8/7/48

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. David Van Fossan.

Licensed Embalmer No. 4292.

P. O. Address. 3029 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.