FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38145

Registrar's No. 10125

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: St. Lukes Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

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

(d) Street No.: 5536 Page
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mrs Emma L. George

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Orla George

6. (c) Age of husband or wife if alive: 81 years

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

8. AGE: Years 76 | Months 11 | Days 15 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: William Rochilli
13. Birthplace: Alsaci Lorain (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Hungary (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Orla George
(b) Address: 5536 Page

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 24 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla

18. (a) Signature of funeral director: Alexander & Sons
(b) Address: 6175 Delmar St Louis 12, Mo

19. NOV 22 1948 (Date received local registrar) (b) J. B. Kessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1948 hour 4:30 minute AM.

21. I hereby certify that I attended the deceased from October 30, 1948, 19 48 to Nov. 22, 19 48 that I last saw her alive on November 21, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	1 mo.
Arteriosclerosis general	"
Due to:	
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: Chas Becker (M. D. or other) MD
Address: 3720 Washington Ave. Date signed: 11-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wm. J. Burke
3720 Washington Ave.
Jefferson 8498
Home 1-400 pm

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 Jos E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delm

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.