

FILED APR 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10353
3143

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (in this place) 2 wks. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | 17 9 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp. | | | | d. STREET ADDRESS (If rural, give location) 3555 Caroline Street | | | |
| 3. NAME OF DECEASED (Type or Print) George | | a. (First) | | b. (Middle) Mathis | | c. (Last) M'CoY | |
| 4. DATE OF DEATH (Month) (Day) (Year) April-4-1949 | | 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m | |
| 8. DATE OF BIRTH Apr. 28, 1888 | | 9. AGE (In years last birthday) 60 | | 10. MONTHS 11 | | 11. DAYS 7 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motor Car Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R. | | 11. BIRTHPLACE (State or foreign country) Woodberry Georgia | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Mukensown | | 14. NAME OF HUSBAND OR WIFE Levonina | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Levonina M'CoY 3555 Caroline St | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Arteriosclerotic Heart Disease DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 92 | | | | INTERVAL BETWEEN ONSET AND DEATH 12 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION none | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 3/23, 19 49 to 4/4, 19 49, that I last saw the deceased alive on 4/4, 19 49, and that death occurred at 8:55 A. M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Edward G. Thuesen M.D. | | (Degree or Title) | | 23b. ADDRESS Mo. Pac. Hosp. St. Louis, Mo. | | 23c. DATE SIGNED 4-4-49 | |
| 24a. BURIAL, CREMATION, REMOVAL Burial | | 24b. DATE 4-7-49 | | 24c. NAME OF CEMETERY OR CREMATORY Mount Hope | | 24d. LOCATION (City, town, or county) (State) St Louis County Mo. | |
| DATE REC'D BY LOCAL AGEN. APR 7 1949 | | REGISTRAR'S SIGNATURE J B Foster | | 25. FUNERAL DIRECTOR'S SIGNATURE A W McLaughlin 2301 Lafayette | | | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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

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