

FILED OCT 27 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35571

State File No.

318

1003

Registrar's No. 8754

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8754		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 7		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 3225 HERBERT ST.		
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTERS POOR				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) GEORGE SHALHOOB			a. (First) GEORGE		c. (Last) SHALHOOB		4. DATE OF DEATH (Month) (Day) (Year) Oct 10-49	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH 7-4-1876		
9. AGE (In years last birthday) 78 1/2		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) SYRIA		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME SHALHOOB		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ZAYNIE SHALHOOB	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Nassim Shalhoob - 2917 E. ...			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 5 1/2	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) STATE 93 MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H222				
22. I hereby certify that I attended the deceased from Oct. 1, 1949, to Oct. 10, 1949, that I last saw the deceased alive on Oct. 8, 1949 and that death occurred at 12 m., from the causes and on the date stated above.								
23a. SIGNATURE (Name and Title) Bernard K. Stovette				23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 10-10-49		
24a. BURIAL CEMETERY (Name and address, if rural, specify) BURL		24b. DATE OCTOBER 12-49		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		
DATE REC'D BY LOCAL REG. OCT 11 1949		REGISTRAR'S SIGNATURE J. B. Boster		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. J. Schmur 3125 Lafayette Ave				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Jon B. Hollman

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.