

DEC 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 37760

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

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 86			
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>200</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL-MERAMEC</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		11			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HILL INF</b>				d. STREET ADDRESS (If rural, give location) <b>7138 Forsythe</b>					
3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>			a. (First)		b. (Middle) <b>XO B</b>		c. (Last)		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>MAY-2-1860</b>		9. AGE (In years last birthday) <b>89</b>	
10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) <b>RETIRED CIVIL EMPLOYEE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITY ST. LOUIS</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>			
13a. FATHER'S NAME <b>WILLIAM H. KOLS</b>			13b. MOTHER'S MAIDEN NAME <b>STATIA MOORE</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA McDERMOTT</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Duo. Rauh St. Joseph's Hill</b>				ADDRESS <b>ENRONA Mo.</b>	
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) <b>CARDIAC INSUFFICIENCY</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MYOCARDITIS</b>							
		DUE TO (c) <b>GENERALIZED ARTERIO-SCLEROSIS</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>4221</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		(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 <b>6/25/1945</b> , to <b>11/18</b> , 1949, that I last saw the deceased alive on <b>11/18</b> , 1949, and that death occurred at <b>8:30 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>L. Mardis md.</b>				(Degree or title) <b>( )</b>		23b. ADDRESS <b>3155 No. Vandeventer St. Louis</b>		23c. DATE SIGNED <b>11/30/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Nov 22-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>Nov 23</b>		REGISTRAR'S SIGNATURE <b>Phil J Kirk #5</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Lawrence Mullen Son</b>		ADDRESS <b>5165 Delmar St. Louis</b>		

JEFFERSON COUNTY HEALTH DEPT,  
HILLSBORO, MISSOURI

DATE RECEIVED 11/28/49

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 \_\_\_\_\_

*Ronald O. Yahrke*

Licensed Embalmer No. \_\_\_\_\_

*3917*

P. O. Address \_\_\_\_\_

*St. Louis*

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.