

FILED AUG 10 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25193**  
Registrar's No. **6518**

**318**

**1002**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		a. STATE <b>Illinois</b> b. COUNTY	
c. LENGTH OF STAY (In this place) <b>21 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elsah</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>George</b>	b. (Middle) <b>Alfred</b>	c. (Last) <b>Rawlings</b>	<b>July 29 1950</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>7-16-1882</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Salesman</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>Geo. H. Rawlings</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Mann</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel A. Rawlings</b>
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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>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel L. Rawlings, Elsa, Ills.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Benign Prostatic Hypertrophy</b>		<b>3 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <b>Arteriosclerosis, generalized</b>			<b>years</b>

19a. DATE OF OPERATION <b>7-29-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>610X</b>
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22. I hereby certify that I attended the deceased from **July 8, 1950**, to **July 29, 1950**, that I last saw the deceased alive on **July 29, 1950**, and that death occurred at **10:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Eugene P. Standley</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Barnes Hospital</b>	23c. DATE SIGNED <b>7/29/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>80101950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 31 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander House</b>	ADDRESS <b>5175 Delmar</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Kitty*

**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.....  
Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *61752 Alma*

**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.