

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 25237

5990

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (In this place) <u>32 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2719</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>27 2222 Chestnut St.</u>							
3. NAME OF DECEASED (Type or Print) <u>George</u>			a. (First)		b. (Middle) <u>Sams</u>		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1950</u>			5. SEX <u>M.</u>			6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			
8. DATE OF BIRTH <u>7-17-1876</u>			9. AGE (In years last birth day) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Blandville, Ky.</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Edward Sams</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Weston</u>			14. NAME OF HUSBAND OR WIFE <u>Blanche Sams</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>489-12-0410</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Sams</u>				ADDRESS <u>2222 Chestnut St.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic</u>						" "		
			DUE TO (c)								
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene of right hand</u>								
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>332X</u>						
22. I hereby certify that I attended the deceased from <u>7-2</u> , 19 <u>50</u> , to <u>7-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>50</u> , and that death occurred at <u>6:30a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Alvin Thompson</u>				(Degree or title)		23b. ADDRESS <u>2601 N Whittier</u>		23c. DATE SIGNED <u>7-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo Mo</u>					
DATE REC'D BY LOCAL REG. <u>JUL 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>GUSHOWE</u>					ADDRESS <u>2930 Dickson St.</u>	

(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 Arthur L Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.