

FILED OCT 18 1950 STANDARD CERTIFICATE OF DEATH

State File No.

8214

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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 township) 2 wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmfelt		1000
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print)		a. (First) Charles	b. (Middle)	c. (Last) Georger	4. DATE OF DEATH (Month) (Day) (Year) 9-28-1950
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-27-1896	9. AGE (In years last birthday) 54	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION* (Give kind of work during most of working life, even if retired) ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) East Prairie Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME John George		13b. MOTHER'S MAIDEN NAME Mary Scheeter		14. NAME OF HUSBAND OR WIFE Margaret	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Georger Farmfelt Mo			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypernephroma Kidney DUE TO (c) Congenital Horseshoe Kidney II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 9/27/50	19b. MAJOR FINDINGS OF OPERATION Above			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 180X			
22. I hereby certify that I attended the deceased from 9/12, 1950 , to 9/28, 1950 , that I last saw the deceased alive on 9/27/50 , and that death occurred at 12:35 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE S. L. France			23b. ADDRESS 3720 Washington	23c. DATE SIGNED 9/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED	24b. DATE 9-28-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Farmfelt Mo		
DATE REC'D BY LOCAL REG. SEP 29 1950	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.	

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

OCT 18 1950

SEP 1 1960

OCT 18 1950

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.....

John M. Signore

Signed.....
Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St. Louis, Mo.*

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.