

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28175
7553

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 703-N-22				e. STREET ADDRESS (If rural, give location) 702 N 22			
3. NAME OF DECEASED (Type or Print) George Washington Day			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8 24 51	
5. SEX Male	6. COLOR OR RACE Cool	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-8-1867		9. AGE (In years last birthday) 83	if UNDER 1 YEAR Months 23	if UNDER 24 Hrs. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Yazoo County		12. CITIZEN OF WHAT COUNTRY? Miss	
13a. FATHER'S NAME Henry Day		13b. MOTHER'S MAIDEN NAME Mary not known		14. NAME OF HUSBAND OR WIFE Rhobel Day			
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 ADDRESS Bentley Day 4674 Lakeview			
18. CAUSE OF DEATH Enter 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) Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis, High blood DUE TO (c) pneum, Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 mos 1 year 8 mos 1 year 8 mos	
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? HH2X			
22. I hereby certify that I attended the deceased from Oct 15, 1950 , to Aug 24, 1951 , that I last saw the deceased alive on Aug 24, 1951 , and that death occurred at 230 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) R. J. Jones M. D.				23b. ADDRESS 2330 Franklin Ave		23c. DATE SIGNED 8/25/51	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 8-25-51	24c. NAME OF CEMETERY OR CREMATORY St. Louis		24d. LOCATION (City, town, or county) (State) Center Miss		
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richardson 262 2625			

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

AUG 25 1951

W. J. S.

At home

YAC WASHINGTON DAY - GEO

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.....

AD Richardson

Signed.....
Student Embalmer

Licensed Embalmer No. *2829*

P. O. Address *2625 Glasgow*

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.