

FILED FEB 2 1952

## STANDARD CERTIFICATE OF DEATH

State File No. ....

2999

0594

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis</b> )			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			<b>2089</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>857 McLaren Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>857 McLaren Ave.</b>						
3. NAME OF DECEASED (Type or Print)		a. (First) <b>George</b>		b. (Middle) <b>W.</b>		c. (Last) <b>Khorll</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 18, 1952.</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Nov. 22, 1871</b>		9. AGE (In years last birthday) <b>80</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookbinder</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Bohemia</b>		12. CITIZEN OF WHAT COUNTRY? <b>8</b>				
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Katherine Khorll 857 McLaren</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-05-8260</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Katherine Khorll</b>					ADDRESS <b>857 McLaren Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma (Primary ?)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastasis in lungs</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardio renal &amp; vascular disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>1 yr.</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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? <b>163X</b>						
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>51</b> , to <b>Jan</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan 10 19 52</b> and that death occurred at <b>9:00 Pm.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>W. P. Hamilton</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>8363 Halls Ferry</b>		23c. DATE SIGNED <b>Jan 19 52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-21-52.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri.</b>				
DATE REC'D BY LOCAL REG. <b>JAN 21 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b>				
						ADDRESS <b>2161 E. Fair Ave.</b>				

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Homer H. Dritz*

Licensed Embalmer No. 3882

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.