

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9702

FILED MAR 29 1952

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1003

State File No. ....

2568

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 <u>Mo.</u> 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) township) <u>7 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2029</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2 4744 Goethe Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Block</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18, 1952</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 23, 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 MRS. Days _____	Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abbestos Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Carl Block</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Volnick</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Block</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>492-05-5173</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Block 4744 Goethe Ave,</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung with metastasis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>about 6 mo.</u>	
	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. _____						
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? <u>162X</u>			
22. I hereby certify that I attended the deceased from <u>April 1947</u> , to <u>March 18, 1952</u> , that I last saw the deceased alive on <u>March 17, 1952</u> , and that death occurred at <u>2:35A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Morris Herman M.D.</u>			23b. ADDRESS <u>3701 Randall Square</u>			23c. DATE SIGNED <u>3/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>News St. Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25 FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Randall</u>	
MAR 18 1952		<u>M.B.</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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*W H Van Matr*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.