

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33546
8729
Registrar's No.

318 1003

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 Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 22 yrs 10 mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery				d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.			
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle)		c. (Last) Washington	
4. DATE OF DEATH August 26 1952		5. SEX male		6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	
8. DATE OF BIRTH June 10, 1882		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) Arkansas	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Alfred Washington		13b. MOTHER'S MAIDEN NAME Roberta ????		14. NAME OF HUSBAND OR WIFE Luvaine McGee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME City Infirmery Records 5800 Arsenal St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Cardio vascular lues DUE TO (c) Cerebro neuro spinal lues II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Yrs. Yrs.	
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? 026X					
22. I hereby certify that I attended the deceased from Oct. 4, 1949, to Aug. 26, 1952, that I last saw the deceased alive on Aug. 26, 1952, and that death occurred at 11:00A m., from the causes and on the date stated above.						23. DATE SIGNED Aug. 26-52	
23a. SIGNATURE Palmer Duane Bowditch MD		(Degree or title)		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-30-52		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 18 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service			
				ADDRESS 1205 Manchester Ave.			

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.....

Licensed Embalmer No.....

P. O. Address.....

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.