

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8319

FILED FEB 20 1953

State File No. _____
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bellevue Heights</u>	c. LENGTH OF STAY (in this place) <u>7 yrs. 1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bellevue Heights</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Training School</u>		d. STREET ADDRESS (If rural, give location) <u>10695 Bellevue Road 2</u>	

3. NAME OF DECEASED a. (First) <u>MARJORIE</u> b. (Middle) <u>—</u> c. (Last) <u>GEORGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 8 1953</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>11-18-1940</u>	9. AGE (In years last birthday) <u>12 yrs</u>	# UNDER 1 YEAR Months <u>2</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ROY GEORGE</u>	13b. MOTHER'S MAIDEN NAME <u>MAUDE SEERLING - GEORGE</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Louis State Training Sch.</u> ADDRESS <u>10695 Bellevue Road</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 days</u> <u>since birth</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Measles</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongoloidism - Mental Retardation</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0851</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1948, to February 8, 1953, that I last saw the deceased alive on February 8, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert P. Amy, M.D.</u> (Degree or title)	23b. ADDRESS <u>10695 Bellevue Road</u>	23c. DATE SIGNED <u>2-8-1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>2-10-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home</u> ADDRESS <u>2301 Lafayette</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James R. Chapman
Licensed Embalmer No. 4550
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.