

# STANDARD CERTIFICATE OF DEATH

258777

FILED AUG 11 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4412 Registrar's No. 50

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| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Phelps</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St James</u><br>c. LENGTH OF STAY (In this place) <u>2 years</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home</u> |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>St Louis Co.</u><br>c. CITY OR TOWN <u>St Louis</u><br>d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/><br>e. STREET ADDRESS (If rural, give location) <u>2009</u> |  |
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| <b>3. NAME OF DECEASED</b><br>(Type or Print) <u>George</u> | a. (First) _____ b. (Middle) _____ c. (Last) <u>Alfred</u> | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Aug 2 - 1953</u> |
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| <b>5. SEX</b><br><u>Male</u> | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Single</u> | <b>8. DATE OF BIRTH</b><br><u>Feb 11, 1888</u> | <b>9. AGE</b> (In years last birthday) <u>65 yrs</u> | IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____<br>IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____ |
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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>St Louis, Mo.</u> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>St Louis, Mo.</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u> |
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| <b>13a. FATHER'S NAME</b><br><u>Don't know</u> | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Don't know</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>_____</u> |
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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes</u> <u>World War # 2</u> | <b>16. SOCIAL SECURITY NO.</b><br><u>L</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><u>Soldiers Home Office, St James, Mo.</u> |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cancer of Rectum</u><br>ANTECEDENT CAUSES <u>Generalized Metastasis</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>_____</u> |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |

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| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>154X</u> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
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| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
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22. I hereby certify that I attended the deceased from June 15, 1953 to Aug 2, 1953, that I last saw the deceased alive on Aug 2, 1953 and that death occurred at 7:57 m. from the causes and on the date stated above.

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| <b>23a. SIGNATURE</b> (Degree or title)<br><u>Ruth B. Powell M.D.</u> | <b>23b. ADDRESS</b><br><u>St. James Mo.</u> | <b>23c. DATE SIGNED</b><br><u>Aug 2, 1953</u> |
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| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u> | <b>24b. DATE</b><br><u>Aug 4, 1953</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>St. Matthews Cem.</u> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>St. Louis, Mo.</u> |
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| <b>DATE REC'D BY LOCAL REG.</b><br><u>8-3-53</u> | <b>REGISTRAR'S SIGNATURE</b><br><u>Ruth B. Powell 479</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Wacker-Heldale - St Louis Mo.</u> |
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AUG 11 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Carl E. Lick  
.....

Licensed Embalmer No. 74

P. O. Address St. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.