

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

37205

State File No. ....

318

1003

9877

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 Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bernard Nursing Home		d. STREET ADDRESS (If rural, give location) 18 4553 Gibson Ave.		215 9/0	

3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) James		c. (Last) George		4. DATE OF DEATH (Month) (Day) (Year) 10 14 1953	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/29/1871		9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months 5		11. UNDER 1 HRL. Hours 15		12. UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stationary Eng.		10b. KIND OF BUSINESS OR INDUSTRY St. Johns Hosp.		11. BIRTHPLACE (State or foreign country) Coulterville Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Robert George		13b. MOTHER'S MAIDEN NAME 7 McMillan		14. NAME OF HUSBAND OR WIFE Luella Blair George	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-20-5945		17. INFORMANT'S SIGNATURE OR NAME Dr. Virgil A. Kimmey		ADDRESS 8 Orchard Lane	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral thrombosis with left hemiplegia				5 years	
ANTECEDENT CAUSES		Generalized arteriosclerosis					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Gangrene of left foot, arterio-sclerotic in type				3 mos.	
		DUE TO (c)					
11. 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 None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? 332A	
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22. I hereby certify that I attended the deceased from Sept. 26, 1948, to 10/14/53, 19\_\_\_, that I last saw the deceased alive on Oct. 13, 1953, and that death occurred at 4.30A m., from the causes and on the date stated above.

23a. SIGNATURE B. W. Klippel M.D., M.P.D.		23b. ADDRESS 3701 Grandel Square		23c. DATE SIGNED 10/15/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/16/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
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DATE REC'D BY LOCAL REG. OCT 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary		ADDRESS 6633 cLayton Road	
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(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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Ernest W. Spiller*

Licensed Embalmer No. *4080*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.