

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44295**
Registrar's No. **11974**

FILED JAN 5 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 44295		Registrar's No. 11974				
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, Mo.			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 24 2750B Chippewa			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.				d. STREET ADDRESS (If rural, give location) 24 2750B Chippewa								
3. NAME OF DECEASED (Type or Print) a. (First) George M. Kargus Jr.				b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1953				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Nov. 23, 1914		9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? 0			
13a. FATHER'S NAME Geo. Kargus				13b. MOTHER'S MAIDEN NAME Anna Shannon				14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War II				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Kargus Sr. 2705B Chippewa						
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) Haemorrhage from Esophageal Varix ANTECEDENT CAUSES Portal Cirrhosis 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.								INTERVAL BETWEEN ONSET AND DEATH 3 days 3 years		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			21f. HOW DID INJURY OCCUR? 5810				
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? 5810							
22. I hereby certify that I attended the deceased from May 7, 1923 , to Dec. 17, 1953 , that I last saw the deceased alive on Dec. 17, 1953 , and that death occurred at 455 P. , from the causes and on the date stated above.												
23a. SIGNATURE Rayne V. Knudsen M.D.				(Degree or title) _____				23b. ADDRESS 6200 Hoffman Ave.		23c. DATE SIGNED 12/19/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-21-53		24c. NAME OF CEMETERY OR CREMATORY National			24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.					
DATE REC'D BY LOCAL REG. DEC 21 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6822 S. GRAND BLVD. ST. LOUIS 11, MO.						

Dr. Henschel,
6200 Hoffman

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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 Vajid Khan Fozdar

Licensed Embalmer No. 4242

P. O. Address 6322 St Grand Ave

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.