

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35272
Registrar's No. 8778

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 2919 Barrett St. 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) T.		c. (Last) Cutter		4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1954	
5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) Separated		8. DATE OF BIRTH Nov. 21 1916		9. AGE (In years last birthday) 37 # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Portrait		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Cutter		13b. MOTHER'S MAIDEN NAME Bernice Ryan		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Bernice Cutter 2919 Barrett 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion DUE TO (c) Mitral Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Hypertrophy		INTERVAL BETWEEN ONSET AND DEATH	
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)	
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? 410X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick Taylor Casner		(Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9.27.54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/29/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County	
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DATE REC'D BY LOCAL REG. SEP 27 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's 2849 N. Euclid Ave.		ADDRESS	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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2 CC

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.....
Signature of Student Embalmer

Signed *Albert Maxfield*.....

Licensed Embalmer No. *307*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.