

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2555

318

1003

0244

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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) **0**
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL** STREET ADDRESS (If rural, give location) **2227 1904 LaSalle**

3. NAME OF DECEASED (Type or Print) a. (First) **PETE** b. (Middle) **((PETER KHOURIEY))** c. (Last) **GEORGE** 4. DATE OF DEATH (Month) (Day) (Year) **JANUARY 9, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **Feb 13 1889** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Syria** 12. CITIZEN OF WHAT COUNTRY? **Syria**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 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) **No** 16. SOCIAL SECURITY NO. **495 23 3201A** 17. INFORMANT'S SIGNATURE OR NAME **Matilda Doder** ADDRESS **Bosombo Simon 1904 LaSalle**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Abdominal carcinoma** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **6-12 mo**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) **1991**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Inguinal hernia Strangulation small intestine** **24 hours**

19a. DATE OF OPERATION **12-26-54** 19b. MAJOR FINDINGS OF OPERATION **Abdominal carcinoma, Strangulation small intestine** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-25-54**, 19____, to **1-9-55**, 19____, that I last saw the deceased alive on **1-9-55**, 19____, and that death occurred at **3:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harold R. Bernard, M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **1-10-55**

24a. BURIAL (CREMATION, REMOVAL) (Specify) **Burial** 24b. DATE **Jan 11 55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St Louis Mo**

DATE REC'D BY LOCAL REG. **JAN 10 1955** REGISTRAR'S SIGNATURE **J. Earl Smith Md** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E.J. Schnur 3125 Lafayette**

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas R. Senwick*

Licensed Embalmer No. *379*

P. O. Address *3125 Lefly*

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.