

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27706

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7174

970

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospt.		d. STREET ADDRESS (If rural, give location) 4937 Genevieve	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) E. c. (Last) George		4. DATE OF DEATH (Month) (Day) (Year) 8 13 55	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 5 1905
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk	11. BIRTHPLACE (State or foreign country) St. Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James George	
14. MOTHER'S MAIDEN NAME Bridget Gildea		15. NAME OF HUSBAND OR WIFE Gladys George (neeHescot)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. SOCIAL SECURITY NO. RR. 702-10-0421	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchogenic carcinoma</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>162x</i>	
19a. DATE OF OPERATION Apr 14 55		19b. MAJOR FINDINGS OF OPERATION <i>Inoperable pleural metastasis</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <i>Nov</i> , 195 <i>1</i> , to <i>13 Aug</i> , 195 <i>5</i> , that I last saw the deceased alive on <i>13 Aug</i> , 195 <i>5</i> , and that death occurred at <i>9:30 p</i> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Wm G Brown</i> (Degree or title) M.D.		23b. ADDRESS <i>4500 Olive St</i>	
23c. DATE SIGNED <i>16 Aug 55</i>		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24a. DATE 8/17/55		24b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24c. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Kimealy	
25. ADDRESS 2228 St. Louis Ave.		DATE REC'D BY LOCAL REG. AUG 17 1955	
REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		26. (Licensed Embalmer's Statement on Reverse Side)	

01009-1  
1-10-77

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 \_\_\_\_\_

*Bernard J. ...*

Licensed Embalmer No. \_\_\_\_\_

*4364*

P. O. Address \_\_\_\_\_

*...*

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.