| STANDARD CERTIFICATE OF DEATH  See, DIST. NO. 30 6  PRIMARY SEC. DIST. NO. 49 B SCHOOL OF THE SEC. DIST. NO. | THE DIVISION OF HEALTH OF MISSOURI 34467  |  |
|--|---|--|
| SIGN NO.  REC. DIST. NO. 30 6  PRIMARY REC. DIST. NO. 60 48  Registrary No.  T.P.LACE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE (Wass desmand lived. II Inchilate): minima bearing the control of t | 11TD MOA 9 1899   | FICATE OF DEATH State File No  |
| a. STATE Missouri b. COUNTY St. Louis-dependent of the County of the cou | 326   |  |
| ORN Wentzville Control of Control |   |  |
| HOSPITAL OR Highway-2 mi. East of INSTITUTION Highway-2 mi. East of Coccessed (First) b. (Middle) c. (Last) c. (La |   | c. CITY OR TOWN Chesterfield  4. In Residence within limits of a city of incorporated town? Yes 1 Company Chesterfield |
| (Type or Print) GEORGE S. SEX   5. COLOR OR RACE   MARRIED. NEVER MARRIED.   Morriage    | d. FULL NAME OF (It not in hospital or institution) # Zawai Aldine or location) HOSPITAL OR INSTITUTION Highway-2 mi. East of   |  |
| Male Negro    Married   Negro   Married   Marr |   |  |
| Country   Coun   | 5. SEX Nale Negro Negro Negro Negro Narried, Negro Negro Negro  | Inst. birthday) Months I Days I House I Mile   |
| Elsie Carter   | done during most of working ille, even if retired)  | St. Louis Co., Mo.   |
| 15. WAS DECENSED EVER IN U.S. ARMED FORCEST IE. SOCIAL SECURITY.  17. WAS DECENSED EVER IN U.S. ARMED FORCEST IE. SOCIAL SECURITY.  18. WAS DECENSED EVER IN U.S. ARMED FORCEST IE. SOCIAL SECURITY.  19. ADDRESS OF DEATH MEDICAL CERTIFICATION  19. CAUSE OF DEATH MEDICAL CERTIFICATION  10. INTERVAL BETWEEN ONSET AND DEATH*  10. DISEASE OR CONDITION  10. DIRECTLY LEADING TO DEATH*  11. DISEASE OR CONDITION  11. DISEASE OR CONDITION  12. DIRECTLY LEADING TO DEATH*  13. MORNIA conditions, if one gising DUE TO (b) Auto accident one Car and two last heart feiture, acthenia. Interval death.  13. DUE TO (c)  14. ANTICEDENT CAUSES  15. DUE TO (c)  16. ACCIDENT  17. OTHER SIGNIFICANT CONDITIONS  18. ACCIDENT  19. MAJOR FINDINGS OF OPERATION  19. DATGENERS  19. DATGENERS  10. THER MAJOR FINDINGS OF OPERATION  10. THERE MAJOR FINDINGS OF OPERATION  10. THE MAJOR FINDINGS OF OPERATION  10. THE MAJOR FINDINGS OF OPERATION  21. HOW DID INJURY OCCURRED  22. HOW DID INJURY OCCURRED  23. HOW DID INJURY OCCURRED  24. HOW DID INJURY OCCURR  25. ADDRESS  26. DATE SIGNED  27. DATE SIGNED  28. BURIAL CREMA-  10. THERE MAJOR FINDINGS OF OPERATION  29. ADDRESS  20. ADDRESS  20. ADDRESS  20. ADDRESS  20. ADDRESS  21. LOCATION (CUT, town, or county)  21. MOW DID INJURY OCCURR.  21. HOW DID INJURY OCCURR.  22. DATE SIGNED  23. ADDRESS  24. DATE SIGNED  25. FUREFAIL DIRECTOR'S SIGNATURE  26. OTHER FINDINGS.  27. PORT MAJOR FINDINGS.  28. BURIAL CREMA-  10. THERE MAJOR FINDINGS OF OPERATION  29. ADDRESS  20. ADDRESS  20. ADDRESS  20. ADDRESS  21. ADDRESS  22. DATE SIGNED  22. FUREFAIL DIRECTOR'S SIGNATURE  25. FUREFAIL DIRECTOR'S SIGNATURE  26. FUREFAIL DIRECTOR'S SIGNATURE  27. PORT MAJOR FINDINGS OF OPERA | ***   |  |
| MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MILITIDE INJURIES  MEDICAL CERTIFICATION  MILITIDE INJURIES  MORETON DEATH  MORET AND | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS  |
| DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the dath but not related to the disease or condition contributing dath.  DATE OF OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21d. ACCIDENT  SUICIDE  HOMICIDE  BCC1 dent  Comms. farm. factory. street. office bidg., stee.)  10   | 18. CAUSE OF DEATH Enter only one cause per 1 I. DISEASE OR CONDITION OUT OF THE CONDITION IN THE CONDITION | CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   YES   NO-4     21a. ACCIDENT SUICIDE   COUNTY   21b. PLACE OF INJURY (e.g., to or aboust bome, farm, fastory, etyen, office bidg., eve.)   Dardenne   St. Charles   Mo     21d. TIME (Month) (Day) (Tear) (Hour)   21e. INJURY OCCURRED OF INJURY OCCURRED   WHILE AT NOT WHILE      | ease, injury, or complica-  | o accident one car and two   |
| TION  21a. ACCIDENT SUICIDE HOMICIDE COUNTY) SUICIDE HOMICIDE COLORI SUICIDE HIGHWAY F40  21d. INJURY OCTOBER, Jarm., Isotory. espect., office bidg., sec.) Particular St. Charles Mo  21d. TIME (Month) (Day) (Year) (Edeut) INJURY OCTOBER, 26-55 m. WHILE AT WORK X  21d. INJURY OCTOBER, 26-55 m. WHILE AT WORK X  22d. I hereby certify that I atterdated additional and the death occurred at alive on, 19, and that death occurred at, from the causes and on the date stated above.  22d. SIGNATURE COTONER  COTONER  Wentzville Mo  Nov. 3 1955  24a. BURIAL CREMA- 24b. DATE COTONER  COTO                  | Conditions contributing to the death but not related to the disease or condition causing death.   |  |
| 21d. TIME (Month) (Day) (Fear) (Hour) (Hour) (At Month) (Day) (Tear) (Hour) (Hour) (Day) (Hour) (Hour) (Day) (Hour) (Day) (Hour) (Day) (Hour) (Day) (Hour) (Day) ( | TION .  | 2 YES NO 4   |
| INJURY October, 26-55 WHILE AT WORK Car ran into Truck  22. I hereby certify that I attende hid altaquest October, 27.1955, 19, that I last saw the deceased alive on, 19, and that death occurred at, from the causes and on the date stated above.  23a. SIGNATURE COFONER Wentzville Mo Nov. 3. 1955  24a. BURIAL CREMA: 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   (State) TION, REMOVAL (Speedty)   11/1/55   Church Cometery   West Gumbo, Mo.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   290-0   25. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS    Charles J. Gates, 4107 Finney Ave.   |   | Dardenne St. Charles Mo  |
| alive on   | AF (Marie )   |  |
| Coroner Wentzville Mo Nov. 3, 1955  24a. BURIAL CREMA- CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify)   11/1/55   Church Cemetery   West Gumbo, Mo.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   90   25. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   Charles J. Gates, 4107 Finney Ave.   |   |  |
| 24a. BURIAL. CREMA- TION, REMOVAL (Beedly) REMOVAL (Beedly) 11/1/55 Church Cemetery West Gumbo, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Church Cemetery Charles J. Gates, 4107 Finney Ave.  | COTOTOTO  | 7 4 . 3 2  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  7 5.5 FUNERAL DIRECTOR'S SIGNATURE  Charles J. Gates, 4107 Finney Ave.  | 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETE   | RY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  |
| (Licensed Firsthelmer's Statement on Reserve Side)   | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   | 25 FUMERAL DIRECTOR'S SIGNATURE ADDRESS  |
|  | (Licensed Embelmer's  |  |

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embe by me, or by ...... Student Embalmer No......

working under my personal supervision...

Signature of Student Embalmer

Student ......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

P. O. Address 4107 Finney

Licensed Embalmer No.,

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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