

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38094**
Registrar's No. **9782**

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 MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR ST. LOUIS		c. LENGTH OF STAY (In this place) 1 Day	c. CITY OR TOWN SULLIVAN, MO
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS FAIR ST.		0361	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Charles		4. DATE OF DEATH (Month) (Day) (Year) 11-7-55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-1-1884
9. AGE (In years last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Room	11. BIRTHPLACE (City and State or Foreign Country) FRANCE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. KIND OF BUSINESS OR INDUSTRY Bethesda Hospital	13a. FATHER'S NAME HENRY CHARLES	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE DELLA
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. 497-01-5657	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.E. HORTON MONROE Michigan	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Edema of Brain; Pulmonary Congestion; aggravated when deceased walked into side of automobile operated by Bradford Trip at the intersection of Jefferson and Fayette Sts., on Washington St. at about 9:15 pm.		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A. Krow R. U. Co 2707 N. GRAND
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	26. MOTORIST YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 5 55 9:15
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		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 8:40 A. M., from the causes and on the date stated above.
23a. SIGNATURE Patrick E. Taylor (degree or title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11.9.55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-10-55	24c. NAME OF CEMETERY OR CREMATORY SULLIVAN	24d. LOCATION (City, town, or county) (State) SULLIVAN MISSOURI
DATE REC'D BY LOCAL REG. NOV 9 1955	REGISTRAR'S SIGNATURE Paul Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.A. Krow R. U. Co 2707 N. GRAND	

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.....
Benjamin

Licensed Embalmer No. 43

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.