

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38212
Registrar's No. 9231

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|---|--|--|---|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | State File No. <u>38212</u> | | Registrar's No. <u>9231</u> | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u> | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS</u>) | | | c. LENGTH OF STAY (In this place) <u>12 HRS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKWOOD 4693</u> | | | d. STREET ADDRESS (If rural, give location) <u>630 N. TAYLOR AVE.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSP.</u> | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> | | | b. (Middle) <u>R</u> | | c. (Last) <u>Ericson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-1955</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>3 *8 *1898</u> | | 9. AGE (In years last birthday) <u>57</u> If UNDER 1 YEAR: Months <u>7</u> Days <u>14</u> Hours <u> </u> Min. <u> </u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of previous life, even if retired) <u>PATENT ATTORNEY</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CARTER CARBURETOR CO.</u> | | 11. BIRTHPLACE (State or foreign country) <u>SHELBY CO. KY.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u> | | | |
| 13a. FATHER'S NAME <u>LARS ERICSON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MAGRUDER</u> | | | 14. NAME OF HUSBAND OR WIFE <u>MARY ALMA</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WAR ONE</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. R. ERICSON 630 N. TAYLOR AVE. KIRK.</u> | | | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerotic Heart Disease with Decompensation</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriolar nephrosclerosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>unknown</u> <u>6 months</u> | |
| 19a. DATE OF OPERATION _____ | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____ | | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>March 10, 1950</u> to <u>Oct. 22, 1955</u> , that I last saw the deceased alive on <u>Oct. 22, 1955</u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>J. J. Roberts</u> (Degree or title) <u>M.D.</u> | | | | | 23b. ADDRESS <u>634 N. Grand Blvd.</u> | | | 23c. DATE SIGNED <u>10-22-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>10-24-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>GROVE HILL</u> | | | 24d. LOCATION (City, town, or county) (State) <u>SHELBYVILLE KY.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>OCT 24 1955</u> | | REGISTRAR'S SIGNATURE <u>J. C. Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Buppone</u> | | | | | | |

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
Student Embalmer

Signed.....

Felix Murant

Licensed Embalmer No. 3034

P. O. Address Kentwood, Pa

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.