

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037788

STATE FILE NUMBER

10174

Registration District No.

318

Primary Registration District No.

1003

Registrar No.

NOV 10 1958

S. 300
v. 1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4590 4757 Idaho	
3. NAME OF DECEASED (Type or print) First Middle Last Otto George			4. DATE OF DEATH Month Day Year Oct. 22, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 19, 1888	9. AGE (In years at birthday) 70	10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 3 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry George		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. 488-07-1681	
17. INFORMANT Address William George 4757 Idaho		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Exsanguination following laceration of wrist.</i> DUE TO (b) _____ DUE TO (c) <i>E977x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Self inflicted in Home on</i>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>October 21, 1958. while suffering</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 10:21:58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>		COUNTY STATE <i>Mo</i>	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <i>7:35 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Kelly</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>10.24.58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Oct. 25, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, County, Mo.</i>		24. FUNERAL DIRECTOR <i>Schumacher's</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 24 '58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

CORONER

St. Louis
City Hospital

St. Louis
City Hospital

Oct. 25, 1922

George

Otto

July 19, 1888

x

White Male

U.S.A.

St. Louis, Mo.

George

Book Keeper

Unknown

Henry George

488-07-1681 William George 4757 Idaho

No

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 *Jack Haupt*

Licensed Embalmer No. *4746*

P. O. Address *St Louis Mo*

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.