

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045688  
STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 12209

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 New Faith Hospital		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 1267 1117a Branch St., 7,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST EMMA LOUISE GEORGE			4. DATE OF DEATH Month Day Year Dec. 17th, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1883	9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 75 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri C		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Pritsch		13b. MOTHER'S MAIDEN NAME Mary Holy		14. NAME OF HUSBAND OR WIFE Paul C. George	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Paul C. George, 1117a Branch Street, 7.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pleurisy with Effusion</u> <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Flu 4 weeks previous</u> DUE TO (c) <u>nephritis chronic.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Varicose Ulcer 481X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Nov. 58</u> <u>July 58</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>Dec 17 '57</u> to <u>Dec 17 '58</u> and last saw her/him alive on <u>Dec 17 '58</u> Death occurred at <u>10:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. G. Miller M.D.</u>			22b. ADDRESS <u>8410 N. Broadway</u>		22c. DATE SIGNED <u>10 Dec 18 '58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/20/58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS ALVIN F. FEUTZ 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.			25. DATE RECD. BY LOCAL REG. DEC 18 '58		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> <u>mjs</u>

File in City

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 *John A. McLean*  
Licensed Embalmer No. *4186*  
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.