

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026671

C-20984607 SL20106 FILED VS JUL 24 1959

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 9 DAYS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1120A MONTGOMERY ST.

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
CHARLES	A.	GEORGIE	JULY	16	1959	

5. SEX MALE	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 8-19-89	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAW HAND	10b. KIND OF BUSINESS OR INDUSTRY HUSSMAN REFRIG. CO.	11. BIRTHPLACE (City and state or country) GERMANY	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME GODFRIED GEORGIE	13b. MOTHER'S MAIDEN NAME JOHANA RUCKSTEAD	14. NAME OF HUSBAND OR WIFE Anna Georgie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 488-09-6548	17. INFORMANT Address VAH, 915 N. GRAND AVE., ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PNEUMONIA	2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) BRONCHOGENIC CARCINOMA	3 MONTHS
	DUE TO (c) -	162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. Attended the deceased from **7-7-59** to **7-16-59** and last saw him alive on **7-16-59**
 Death occurred at **12:40AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. B. Shields</i> J. B. SHIELDS, M.D.	22b. ADDRESS VAH, 915 N. GRAND AVE ST. LOUIS, MO.	22c. DATE SIGNED 7-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-18-59	23c. NAME OF CEMETERY OR CREMATORY Friedens Cem	23d. LOCATION (City, town, or county) (State) St Louis Co Mo
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24. FUNERAL DIRECTOR A. Krow	ADDRESS 2707 N Grand	25. DATE RECD. BY LOCAL REG. JUL 16 '59	26. REGISTRAR'S SIGNATURE <i>Loan Smith</i> M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hester W. Dieter

Licensed Embalmer No. 4329

P. O. Address Spencer

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