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FILED VS AUG 8 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

60-029123
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 5187

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RICHMOND HEIGHTS — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. MARY'S HOSP. — Length of stay in 1b 4/3 MONTHS

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN CLAYTON 4452 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 7539 MARYLAND — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle G. Last SEARS

4. DATE OF DEATH Month JULY Day 19. Year 1960

5. SEX MALE D

6. COLOR OR RACE WHITE

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 12-20-1886

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADVERTISING MGR.

10b. KIND OF BUSINESS OR INDUSTRY ADVERTISING

11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY SEARS

13b. MOTHER'S MAIDEN NAME IDA MAY PATNEAU

14. NAME OF HUSBAND OR WIFE GERTRUDE SEARS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488-03-7927

17. INFORMANT MRS. GERTRUDE SEARS, Address 7539 MARYLAND

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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)	Cerebral thromboses	2 1/2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	3 mos.
DUE TO (c)	332X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus; arteriosclerotic heart disease

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1960, to July and last saw her/him alive on July 20, 1960
Death occurred at 10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George A. Make M.D.

22b. ADDRESS 950 Francis Place

22c. DATE SIGNED 7-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 7-22-60

23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY

23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR STOCK MORTUARIES, ADDRESS 8895 S. BRENTWOOD

25. DATE RECD. BY LOCAL REG. 7-21-60

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Paul A. Nachlen

Licensed Embalmer No. 4787

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.