

UNDED

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|--|--|---|--|---|---|--|--|
| 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 | | Length of stay in 1b 57 years | | c. CITY OR TOWN St. 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 Jewish Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3511a N. Eleventh Street | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE C. MAIN | | | | 4. DATE OF DEATH Month Day Year August 22 1960 | | | |
| 5. SEX Male | 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 8/10/1903 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman | | | 10b. KIND OF BUSINESS OR INDUSTRY Peacock Shoe CO. | | 11. BIRTHPLACE (City and state or country) Wellston, MO. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME George G. Main | | | 13b. MOTHER'S MAIDEN NAME Hattie Unknown | | 14. NAME OF HUSBAND OR WIFE Mabel Main | | |
| 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. 487-01-7726 | | 17. INFORMANT Address Mabel Main 3511a N. Eleventh Street | | | |
| 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>Acute cor pulmonale</u> DUE TO (b) <u>Chronic pulmonary emphysema</u> DUE TO (c) <u>Chronic pulmonary tuberculosis, FA Inactive</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>002X</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>16 years</u> <u>16 years</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | | | | | |
| 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 |
| 21. I attended the deceased from <u>8/25/53</u> to <u>8/22/1960</u> and last saw him alive on <u>8/21/60</u> Death occurred at <u>12:15A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree, or title) <u>Ellis J. Lipson, M.D.</u> | | | | 22b. ADDRESS <u>457 N. Kings Highway, St. Louis</u> | | 22c. DATE SIGNED <u>8/22/60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8/24/1960 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 23d. LOCATION (City, town, or county) / (state) St. Louis County MO. | | | |
| 24. FUNERAL DIRECTOR ADDRESS SUEDEMEYER & SON'S 3934 N. 20th Street | | | | 25. DATE RECD. BY LOCAL REG. AUG 22 1960 | 26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

935

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 J. Wm. Benkley

Licensed Embalmer No. 3653

P. O. Address St. Louis,

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.