

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015161  
STATE FILE NUMBER

Filed for Distribution APR 25 1961 318 Primary Registration District No. 1003 Registrar's No. 3617

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <i>ST. LOUIS Mo</i>		Length of stay in 1b		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HAMILTON MED. CENTER</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside give location) <i>3954 S. GRAND</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>GEORGE A. GEORGE</i>				4. DATE OF DEATH Month Day Year <i>APRIL 13 1961</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 4 1904</i>	9. AGE (last birthday) <i>56</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>ASSAD GEORGE</i>			13b. MOTHER'S MAIDEN NAME <i>ANNA JOHNS</i>			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) <i>No</i>				17. INFORMANT Address <i>ANNA GEORGE 3954 S. GRAND</i>				
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>Adeno-carcinoma of large</i> <i>bowel &amp; small bowel</i> DUE TO (b) <i>Sarcoma of small bowel</i> DUE TO (c) <i>Sarcoma of small bowel</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>153.9</i>							INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>1 yr.</i>	
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.)			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
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 <i>2/27/61</i> to <i>4/13/61</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>4/12/61</i> Death occurred at <i>2:55 PM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Minnie Cleef</i> (Deceased or title)				22b. ADDRESS <i>3720 Washington Ave</i>			22c. DATE SIGNED <i>4/14/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>APRIL 17 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S.S. Peter &amp; Paul Cem.</i>		23d. LOCATION (City, town, or county) <i>ST. LOUIS</i>		23e. STATE <i>Mo.</i>	
24. FUNERAL DIRECTOR <i>Thomas Kutas 2906 Gracia</i>			25. DATE RECD. BY LOCAL REG <i>APR 17 1961</i>		26. REGISTRAR'S SIGNATURE <i>Robert Smith M.D.</i>			

**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 Carley Thompson Jr.  
Licensed Embalmer No. 4861  
P. O. Address Clayton, 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.