MAR 12 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003
8183
1862

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1311 So. 14th St., St. ..... Ward)

File No. 8183

Registered No. 1862

2. FULL NAME George Courtial

(a) Residence, No. 1311 So. 14th St. St., 22 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Courtial

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
90	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Good Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Peter Courtial

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Margaret Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. H. Kersting
(ADDRESS) 1311 So. 14th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE 2-20, 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED FEB 19 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to Feb 17, 1936
I last saw him alive on Feb 16, 1936. Death is said to have occurred on the date stated above, at 9:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia June 10, 35 to Feb 17, 36	
Other contributory causes of importance:	
Old age.	

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert F. Bruce, M. D.
(Address) 1845 S. 12th.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Albert Bina
1841 So 12th
10 20 + 12