

Registration District No. **784**

Primary Registration District No. **111**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-Days
In this community 45 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George L. Sours **620**

8. (b) If veteran, name war None **8. (c) Social Security No.** None

4. Sex M. **5. Color or race** W. **6. (a) Single, widowed, married, divorced** M

6. (b) Name of husband or wife Catherine Sours **6. (c) Age of husband or wife if alive** 57 years

7. Birth date of deceased Unk. Unk. 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Builder

11. Industry or business

12. Name Edward Sours **Mo.**

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Betty Chapman

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Sours

(b) Address 5112 Washington Blvd.

17. (a) Burial **(b) Date thereof** 6-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindey Blvd.

19. (a) JUN 4 - 1940 **(b) R. R. Meyer, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5112 Washington Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th.
year 1940 hour 2 minute 05 a.m.

21. I hereby certify that I attended the deceased from June 1 - 1940 to June 4, 1940
that I last saw him alive on June 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
707 While at work? _____ (Specify type of place)
_____ (e) Means of injury _____

23. Signature Thomas C. Bricker (M. D. or other) 1
Address 4660 Maryland Date signed 6/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

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 this body is not embalmed, above space should be left blank.