No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26808

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6704

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 3 FOREST PARK (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nil (Specify whether)
In this community 36 - 0 - 26 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 4121 A. N. Florissant Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eugene W. George 6 20
3. (b) If veteran, name war Nil
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased July (Month) 10 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
36	0	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Credit Manager
11. Industry or business Sherwin Williams Paint Co
FATHER 12. Name August George
13. Birthplace St. Louis (City, town, or county) Missouri 5 (State or foreign country)
MOTHER 14. Maiden name Frances Steinmeier
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant August George
(b) Address 4121 A. N. Florissant Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Chedmegen & Son
(b) Address 3934 N. 20 St.
19. (a) AUG 7 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 6th year 1940 hour 6 o' minute 4 M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Right Temporal and Occipital bones of Skull with Cerebral Hemorrhage

Due to: Cerebral Edema

Due to: Foot Path on North Side of Willow Dive above 200 feet east of Jefferson Dive on Walnut

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation August 6 - Expect Home Autopsy

Of autopsy Suicide

Duration

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) Suicide
(b) Date of occurrence 8/6/40
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Gerry (M. D. or other)
Address Deputy Coroner Date signed 8/7/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Not Embalm'd

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4264 Prairie

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.