DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36999

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 92

FILED DEC 11 1940

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: Grand & Russell Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community years, months or days)

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. 3658a Russell Bl. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maud S. George

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Frank B. George

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased November 20, 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 19 If less than one day hr. min.

9. Birthplace New York (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Edward Graham
13. Birthplace (City, town, or county) Not known (State or foreign country)

MOTHER
14. Maiden name Mary Little
15. Birthplace (City, town, or county) Not known (State or foreign country)

16. (a) Informant's own signature Edward F. George

(b) Address 3658a Russell Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Carlo Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) NOV 12 1940 (Date received local registrar) (b) J. F. Bridwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1940 hour 6 minute 10 P 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 Laceration and hemorrhage of brain, Compound fractures both Femur both legs, Suffered when struck by Chrysler Sedan driven by one Wm. Black at Grand & Russell Streets

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Apart 6:10 PM. Nov 9 1940

Duration

Major findings: Of operations 210 m

Of autopsy 21

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) Accident

(b) Date of occurrence Nov 9 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 17 Public Place (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Alfred J. Perry (M. D. or other)

Address Cypress Grove Date signed 11/11/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis 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 this body is not embalmed, above space should be left blank.