

2
7-39
K23159

Registration District No.

Primary Registration District No.

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
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. 6746 Nashville Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME George B. Cline

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Cline 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 9th 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1940 hour 4:55 minute P.M. M.
21. I hereby certify that I attended the deceased from Nov. 18
1940 to Dec 7, 1940

that I last saw him alive on Dec 7, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion

8. AGE: Years 67 Months 7 Days 28 If less than one day hr. min

9. Birthplace New Douglas Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business Paramount Vault Co.

MOTHER FATHER { 12. Name William Cline
13. Birthplace New Douglas Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace New Douglas Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Cline
(b) Address 6746 Nashville Ave.

17. (a) Burial (b) Date thereof 12-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 9 1940 (b) J. H. Bredich
(Date received local registrar) (Registrar's signature)

Duration 21 days

Due to Atherosclerosis

Due to MI

Other conditions Myocardial Chr 1-2 yrs
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above

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?

23. Signature J. H. Bredich (M. D. or other)
Address 3700 Washington Blvd Date signed 12/9/40
(Specify type of place) (e) Means of injury

Bearman's Bldg.

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 *Reinhold G. Lohman*

Licensed Embalmer No. *3395*

P. O. Address.....

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, fact should be so stated above.