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7-39  
X23159

**FEB MAR 25 1941**  
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1507**

1. PLACE OF DEATH:

(a) County **St Louis**

(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Phillips Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 days**  
(Specify whether years, months or days)

In this community **4 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Washington**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **4** years **1874**

7. Birth date of deceased **Mar 4**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **8**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Labor**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Henry Washington**

(b) Address **1432 Biddle St**

17. (a) **Burial** (b) Date thereof **Feb 18/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **H.A. Green**

(b) Address **2915 Franklin Ave**

19. **FEB 15 1941** (b) **J. F. Budek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **100**

(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1432 Biddle**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **11**  
year **1941** hour **11:36** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **January 26**, 19**41**, to **February 11**, 19**41**;  
that I last saw him alive on **February 11**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pneumonia Bronch**  
**Left Cerebral Thrombosis**  
**Hypertension**

Duration
<b>1 day</b>
<b>3 weeks</b>
<b>Indef.</b>

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **836**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **826**

Of autopsy **0**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **William C. Searin** (M. D. or other)

Address **2601 N Whittier** Date signed \_\_\_\_\_

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

MOTHER FATHER

**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.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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.**