

No. 2  
-4-41  
17-39  
X26390

FILED AUG 28 1941

Registration District No. **791**

Primary Registration District No. **1003**

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:  
**Christian Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 weeks.**  
In this community **0** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5204 Ashland Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25th.**  
year **1941.** hour **2** minute **A.** M.  
21. I hereby certify that I attended the deceased from **April 7<sup>th</sup>** 19**41** to **July 25** 19**41**;  
that I last saw him alive on **July 24<sup>th</sup>** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Coronary thrombosis**  
Duration **Since April 7<sup>th</sup> 41**

Due to.....  
Due to.....  
Other conditions..... **Pericarditis**  
(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?

While at work? (Specify type of place) (e) Means of injury.....  
23. Signature **Dean Beck M.D.** (M. D. or other) **D**  
Address **4701 St. Louis Ave** Date signed **7/26/41**

3. (a) PRINT FULL NAME **Albert George**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Meta George**  
6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **March 3, 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61** **4** **22** hr. min.

9. Birthplace **St. Louis Mo. D**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Custodian**  
**Public Schools.**

11. Industry or business.....

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

14. Maiden name.....  
15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Meta George**  
(b) Address **5204 Ashland Ave.**

17. (a) **Burial** (b) Date thereof **July 28, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill Cemetery.**

18. (a) Signature of funeral director **Wm. H. Schumacher**  
(b) Address **4834 Natural Bridge.**

19. **JUL 26 1941** (b) **J. J. Fredrick**  
(Date received local registrar) (Registrar's signature)

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.....

*John A. Melnar*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John A. Melnar*.....

Licensed Embalmer No. *4186*.....

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, fact should be so stated above.**