No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE

FILLED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27008

Registration District No. 791

Primary Registration District No. 1103

Registrar's No. 6800

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: 2417 N. 10th. St. 1
(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 Missouri (b) County 000

(c) City or town St. Louis 2617
(If outside city or town limits, write "RURAL")

(d) Street No. 2417 N. 10th. St.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Dallas (Dalanis)

3. (b) If veteran, name war No.

3. (c) Social Security No. 497-03-0746

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Adeline

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. (Month) 5 (Day) 1880 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 7 | 13 | hr. min. |

9. Birthplace (City, town, or county) 6 Greece (State or foreign country)

10. Usual occupation Solderer

11. Industry or business Crunden - Martin Mfg. Co.

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Adeline Dallas
(b) Address 2417 N. 10th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) AUG 21 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8-19-41 day
year 1941 hour minute 11 30 PM M.

21. I hereby certify that I attended the deceased from 8. 18 41, 19, to, 19;
that I last saw alive on 8 19 41, 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Graphitic | 1 day |
| Due to | |
| Due to | |
| Other conditions Caseous Nephritis (Include pregnancy within 3 months of death) | 1 yr |

Major findings:
Of operations No
Of autopsy 95

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 0
Address 1875 Madison Date signed 8-20/41

(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 embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. Wm Bimbley

Licensed Embalmer No. 3653

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.**