S. No. 2
I—1-4-41
. 5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40022

State File No. 9732

LED JAN 24 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State IND (b) County 17

(c) City or town W. Terra Haute (If outside city or town limits, write "RURAL") NR

(d) Street No. 205 West Parris Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George William Splaty

3. (b) If veteran, name war

3. (c) Social Security No. 314-16-74564

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 27 (Day) 1870 (Year)

8. AGE: Years 71 Months 3 Days 7 If less than one day hr. min.

9. Birthplace TERRE HAUTE (City, town, or county) IND. (State or foreign country)

10. Usual occupation

11. Industry or business HARDWARE STORE

FATHER
12. Name AARON SPLATY
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name CHRISTINA NIEMEYER
15. Birthplace POLAND (City, town, or county) IND. (State or foreign country)

16. (a) Informant Fannie Splaty
(b) Address Terre Haute

17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof Dec. 7 1941 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN CEM Terra Haute Ind

18. (a) Signature of funeral director Gillis Funeral Home
(b) Address 8th Chestnut Terra Haute Ind

19. (a) DEC. 9 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th
year 41 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-21-41, 19 to 12-4, 1941;
that I last saw him alive on 12-4, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of esophagus	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
~~[illegible]~~ of esophagus	
Major findings: Of operations	
Of autopsy	

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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 John H. Mayer Jr. M.D. (M. D. or other)
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

9732

9732

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 John Keller

Licensed Embalmer No. 3880

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.