. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40379

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10131

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:
De Paul Hospital
(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 Mo. (b) County

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

(d) Street No. 3535 Eminence
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Georges

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 22, 1941.
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 30 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Furcin G. Georges
13. Birthplace St. Louis
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Brundick
15. Birthplace Pacific, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Furcin G. Georges
(b) Address 3535 Eminence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Calavary Cemetery

18. (a) Signature of funeral director Wm. F. Paschedag
(b) Address 2825 N. Grand Blvd.

19. (a) DEC 22 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-22, 1941, to 12-22-, 1941
that I last saw he alive on 12-22-, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Premature — Duration 6½ Mo

Due to

Due to

Other conditions
(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 E. W. Lanche (M. D. or other) M.D.
Address 4885 Natural Bridge Date signed 12/22/41

(Licensed Embalmer's Statement on Reverse Side)

FR 2142-4743

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 Not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

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, above space should be left blank.