S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8179

State File No. 2756

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Missouri (b) County St. Louis 6

(c) City or town Ferguson 2 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 135 No. Clay
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME George ~~H.~~ Henry Closs

3. (b) If veteran, name war None

X (c) Social Security No. 702-05-0487

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Maggie T. Closs

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 26, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	11	25	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Wabash R.R.

FATHER
12. Name Jacob Closs
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Urbach
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie T. Closs

(b) Address 135 No. Clay; Ferguson, Mo.

17. (a) Burial (b) Date thereof 3/24/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allenton, Mo. Cemetery.

18. (a) Signature of funeral director Chas. J. Kron Funeral Home.

(b) Address 4911 Washington Blvd.

19. (a) MAR 23 1943 (Date received local registrar) (b) J. F. Bredecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day March
year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3-1-, 1943, to 3-21-, 1943
that I last saw her alive on 3-21-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomic Stomach diagnosis made by Exploratory Lap.

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration 4 mo.

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

Signature Roy Johnson (M. D. or other)

Address Ferguson Mo. Date signed 3/22/43

(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 Thomas R. Lenwick

Licensed Embalmer No. 3793

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.
Local Registrar's No. 2756

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of April, 1943, before me appears Maggie T. Closs, who, upon her oath, states that the original record of death for George H. Closs, died March 21st, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on March 23, 1943, should be corrected as follows:

Item No. 3 should read George Henry Closs
Instead of George H. Closs

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maggie T. Closs. wife
Relationship.

135 N. Clay -
Present Address.
Ferguson Mo.

Subscribed and sworn to before me this 14 day of April, 1943

My Commission expires My Commission Expires March 4, 1945

[illegible] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820

8179