

No. 2
-2-43
17-39
X15697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8962

FILED MAR 27 1944

318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 2514

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:
Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community ?
years, months or days)

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. 4320 Farlin Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto J. George

3. (b) If veteran, name war No 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Amanda George 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 26, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>17</u>	hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Brewery

12. Name Gottfried George

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Amanda George

(b) Address 4320 Farlin Ave.

17. (a) Burial (b) Date thereof Mar 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director CALVIN F. FRUTZ FUNERAL HOME

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAR 15 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1944 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from 2-10-44
1944 to 3-14 1944
that I last saw him alive on 3-14-1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation

Due to _____

Due to _____

Other conditions cardio-renal disease
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) _____

23. Signature Emil J. Bauwald (M. D. or other) MD

Address 4155 N. New Road Date signed _____

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

MOTHER FATHER

2-10-44

415 N. Harrison
2-4-07

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 A. Gorman

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.