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FILED JUN 30 1943 18
Registration District No.

Primary Registration District No. 1003

Registrar's No. 5625

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3647 Fillmore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 46 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Aloy L. Storr

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 February 6, 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Investment Counselor

11. Industry or business _____

12. Name George A. Storr

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

14. Maiden name Barbara C. Zika

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

16. (a) Informant Miss Hellegard Storr

(b) Address 3647 Fillmore

17. (a) Burial (b) Date thereof 6-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Sts. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3647 Fillmore
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1944 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from April 2-1944
to June 19, 1944
that I last saw him alive on June 19-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Decompensation
Duration 3-4 months

Due to 30

Other conditions Chronic arthritis Syphilitic

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:

(c) 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 J. F. Brock (M. D. or other) M.D.

Address 3606 Harrison Date signed 6/21/44

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

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..... *Virgil L. Berryman*

Licensed Embalmer No..... *4018*

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.