V. S. No. 2
100M—8-43
Rev. 5-17-39
Form I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32294
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8810

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: 4338 Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4338 Olive Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George French
3. (b) If veteran, name war
3. (c) Social Security No. 707-18-1833
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Angie French
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 3 (Day) 1874 (Year)
8. AGE: Years 69 Months 10 Days 12 If less than one day hr. min.
9. Birthplace Cerrogardo (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Telegraph Operator
11. Industry or business Unemployed
MOTHER FATHER
12. Name John S. French
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Mary Baer
15. Birthplace Somerset (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Alma Snyder
(b) Address 4338 Olive Street
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-18-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Blvd.
19. (a) OCT 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th, year 1944 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct. 15th, 1944 to 8:15 PM, 10/15, 1944; that I last saw him alive on Oct. 15th, 7:30 PM, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cornnary Thrombus — Duration
Due to Acute gastritis
Due to chronic constipation.
Other conditions (Include pregnancy within 3 months of death)
Major findings: No operation
Of operations
Of autopsy None

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 Adrian A. Nicholas M.D. (Coroner)
Address 1222 American Hotel Date signed 10/16/44

84 (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 John Ketter

Licensed Embalmer No. 3880

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.