

FILED MAY 6 1946

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 966

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2230 Hood ave Overland Mo
(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 Missouri

(b) County St. Louis

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

(d) Street No. 2230 Hood Overland Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME August George

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-28-7299

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1946 hour 10 minute _____ AM _____ M.

21. I hereby certify that I attended the deceased from April 28 1946 to April 29 1946 that I last saw him alive on April 29 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 15 1870
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 3 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>14</u>	hr. _____ min. <u>0</u>

Due to _____

Due to 9:30

Other conditions Coronary Thrombosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation Ret Nightwatchman

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Conrad George

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

14. Maiden name Unknown

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

16. (a) Informant Norman George

(b) Address 5432 Sunshine Dr.

17. (a) Burial (b) Date thereof 5/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 _____

18. (a) Signature of funeral director Wm Schmaecher

(b) Address 3013 Meramec st

19. (a) 5-3-46 (b) Wm Schmaecher
(Date received local registrar) (Registrar's signature)

23. Signature Wm Schmaecher (M. D. or other) _____

Address 2900 St Charles Date signed _____

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

MOTHER FATHER

Dr. Wurzler A. H.
8700 St. Louis Ro. Rd.
Wabash 1548
2-16-57

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 Francis Williamson
Licensed Embalmer No. 3565
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.