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v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21763

FILED JUN 26 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5314

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: Barnes Hospital, O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 36

(c) City or town Lone Dell O (If outside city or town limits, write "RURAL")

(d) Street No. Rural Route NB (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDNA E. GEORGE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EUGENE GEORGE

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased AUG (Month) 7 (Day) 1921 (Year)

8. AGE: Years 24 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name BEN REED
13. Birthplace ANACONDA (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name DOLLIE HANSEL
15. Birthplace CATAWISSA (City, town, or county) MO (State or foreign country)

16. (a) Informant EUGENE GEORGE

(b) Address LONEDELL, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 16 1946 (Month) (Day) (Year)

(c) Place: burial or cremation LONEDELL, MO

18. (a) Signature of funeral director Casey & Lenox

(b) Address St. Clair, Mo.

19. (a) JUN 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1946 hour 8 minute 05 a.M.

21. I hereby certify that I attended the deceased from June 10, 1946, to June 14, 1946; that I last saw her alive on June 14, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Atypical pneumonia

Due to Leucopenia

Due to

Other conditions Acute tonsillitis; acute pharyngitis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Atypical pneumonia

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)

While at work? (e) Means of injury O

23. Signature F R Bradley (M. D. or other)

Address Barnes Hospital Date signed 6/14/46

(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. K. M. Lamot

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.