

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25110

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6092

1. PLACE OF DEATH:

(a) County St. Louis MO
(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital 0
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1817
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 Lawrence Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1946 hour 1 minute 55 A.M.
21. I hereby certify that I attended the deceased from June 22, 1946 to July 9, 1946;
that I last saw him alive on July 9, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia Duration _____

3. (a) PRINT FULL NAME George Allen Cantrell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife Valerie Cantrell 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Jan. 31st., 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Vending Machine

12. Name T.J. Cantrell

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

14. Maiden name Virginia Son

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

16. (a) Informant Mr. Frank Cantrell

(b) Address 5883 Enright Ave.

17. (a) Removal (b) Date thereof 7-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 10 1946 (b) J.F. Bradley
(Date received local registrar) (Registrar's signature)

Due to Chronic glomerulo nephritis
Due to _____
Other conditions 131
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy As above
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? _____

While at work? _____ (Specify type of place)
(2) Means of injury 0

23. Signature J.R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 7/9/46

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lindell*

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.