

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2217 Thurman Blvd.**
(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

3. (a) PRINT FULL NAME **Leon Georges**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Rose Georges** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Jan. 9 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **4** If less than one day hr. _____ min. **8**

9. Birthplace **Roumania**
(City, town, or county) (State or foreign country)

10. Usual occupation **Custom shirt Mfg.**

11. Industry or business

12. Name **Lazar Lepovitch**
13. Birthplace **Roumania**
14. Maiden name **Rachelle Greenberg**
15. Birthplace **Roumania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Georges**
(b) Address **2217 Thurman Blvd.**

17. (a) **Burial** (b) Date thereof **8-16-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Hermon B. Binkley**
(b) Address **5216 Delmar Blvd.**

19. (a) **AUG 14 1946** **J. F. Brodeck**
(Date received for registration) (Registrar's signature)

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. **2217 Thurman Blvd.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13**
year **1946** hour **10** minutes **00 P.** M.

21. I hereby certify that I attended the deceased from **10-3** 19**46** to **8-13** 19**46**
that I last saw him alive on **8-13** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 yr.**
Due to **Chr. Myocarditis** **4 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury **0**

23. Signature **Anton Bohannon** (M. D. smother)
Address **2602 S. Grand** Date signed **8-14**

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

27498

46

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.....

H. E. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

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.