

DEPARTMENT OF COMMERCE - STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**STANDARD CERTIFICATE OF DEATH**

Registration District No. 56 Primary Registration District No. 6076 State File No. 0 Registrar's No. 1954

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town SOUTH KINLOCH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ms HENRY nr Lurch  
(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 South Kinloch  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mc Henry Nr. Lurch  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME George Washington  
3. (b) If veteran, name war None 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 14 year 1946 hour 6:30 min. AM  
21. I hereby certify that I attended the deceased from Sept 10-46 to Sept 14 1946  
that I last saw him alive on Sept 14 1946  
and that death occurred on the date and hour stated above.

4. Sex M 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

Immediate cause of death.....  
Pulmonary Tuberculosis 2 yrs  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

8. AGE: Years About 86? Months ? Days ? If less than one day - hr. - min.  
9. Birthplace Unknown Louisiana  
(City, town, or county) (State or foreign country)  
10. Usual occupation Carpenter (Retired)  
11. Industry or business CONSTRUCTION  
12. Name Washington  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant Wm Hamler  
(b) Address Evergreen Ave, Kinloch, Mo  
17. (a) Burial (b) Date thereof 9-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director Boyd Bros  
(b) Address So. Kinloch, Mo  
19. (a) 9-19-46 (b) Paul J. [Signature]  
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury.....  
23. Signature J. R. [Signature] (M. D. or other) MD  
Address South Kinloch Park Date signed.....

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

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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..... *Lawrence E. Johnson* .....

Licensed Embalmer No..... *4341* .....

P. O. Address..... *St Louis 13, 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.