No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

14110

State File No. .....

FILED APR 30 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3692

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

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: 2010 Senate Ave.
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2010 Senate 9
(If rural, give location)

23 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Elizebeth George

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife husband William George

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	7	14	..... hr. ..... min.

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

10. Usual occupation Invalid

11. Industry or business .....

FATHER
12. Name Conrad Bock
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Lentz
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Raymond George
(b) Address 2010 Senate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Witt Bros L & U Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) ..... (Date received local registrar) APR 19 1948 J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1948 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Mar. 20, 1944, to 4/16, 1948
that I last saw her alive on 4/15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	3 days
Malnutrition Chronic	8 months
Due to Apoplectic Stroke old	4 years
Due to Senility Arteriosclerosis Hypertension	5 yrs to
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93

PHYSICIAN

Underline the cause of 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 .....

23. Signature William H. Broeder (M. D. or other) MD

Address 1225 Sidney Date signed 4/17/48

Jefferson City Printing Co. (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 Davis Registered Apprentice No. , working under my personal supervision.

Signed Ed. F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Ave

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.