S. No. 2
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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 14979

Registrar's No. 1005

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 13 days (Specify whether
In this community Life[illegible]
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5073 Delmar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE, Sam D.
3. (b) If veteran, name war WW-II
3. (c) Social Security No. 486-28-3420
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 29 (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	6	19	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Stock Clerk
11. Industry or business
FATHER
12. Name Charles George
13. Birthplace Greece (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rose Woodbaum
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Frank J. George
(b) Address 5073 Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. J B
18. (a) Signature of funeral director Guy Mullen
(b) Address 5041 Delmar Blvd
19. (a) 4-19-48 (Date received local registrar) (b) Carl C. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1948 hour 8 minute 00 AM.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Testicle with Metastaces	
Due to Pulmonony Metastoses & Pneumonia	
Due to 51 C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M.D. or M)
Address Veterans Administration Hosp. Jefferson Barracks Date signed 18 April 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1948

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. Ronald Yahnke

Licensed Embalmer No. 3917

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.