No. 300
10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17583

Primary Registration District No. 1003

Registrar's No. 5157

1. PLACE OF DEATH:

(a) County

(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:
Gietner Home 5000 S. Brdwy. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In this community 1 Mo 5 days Years (Specify whether years, months or days)

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. 5000 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lulu George

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 3 (Day) 1862 (Year)

8. AGE: Years 86 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Bellevill Ill (City, town, or county) 1 (State or foreign country)

10. Usual occupation House WORK

11. Industry or business

MOTHER FATHER

12. Name Aug. George

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Louise Wiebush

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. V. Platte

(b) Address 6020 Blanton Pl. Ferguson 21 Mo.

17. Burial (Burial, cremation, or removal) (b) Date thereof 6-5-48 (Month) (Day) (Year)

(a) Place: burial or cremation St Matthews Cemetery

(b) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec St.

100 (a) JUN 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1948 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Apr. 8 22, 1948, to June 1, 1948, that I last saw her alive on June 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder-Urinary — Duration

Due to Hematuria

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work (e) Means of injury

23. Signature L. C. Herchenroeder (M. D. or other)

Address 5000 S. Broadway Date signed 6/4/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 5157

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7 day of July, 1948, before me appears Mr. Wm. Schumacher, who, upon his oath, states that the original record of death for Lulu George died June 1st, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on June 4th, 1948, should be corrected as follows:

Item No. 1d should read 1mo. 8days
Instead of 2yrs.
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm. Schumacher Undertaking Co. Wm. Schumacher Prop.
Relationship.

3013 Meramec
Present Address.

Subscribed and sworn to before me this 7 day of July, 1948.

My Commission expires My Commission Expires August 17, 1951 Jacob D. Haupt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-(2)17583

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5157

On this 7 day of July, 1948, before me appears Dr. L. C. Herchenroeder, who, upon his oath, states that the original record of death for Lulu George died June 1st, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on June 4th, 1948, should be corrected as follows:

Item No. 21 should read from April 22, 1948

Instead of from April 8, 1948

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant L. C. Herchenroeder M.D.
Relationship.

5000 S. Broadway
Present Address.

Subscribed and sworn to before me this 7 day of July, 1948.

My Commission expires My Commission Expires August 17, 1951

Jacob L. Stamp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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