

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST, Louis, MO.  
(b) City or town ST, Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infy Hospital  
(If not in hospital or institution, write street number or location) 7-18-42 to 7-8-48  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Georgia Hale  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Color 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 30 years 1868  
7. Birth date of deceased: Sept. (Month) 30 (Day) 1868 (Year)

8. AGE: Years 79 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST, Louis, (City, town, or county) Housework (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name \_\_\_\_\_  
15. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal ST.

17. (a) Cremation (b) Date thereof JUL 10 1948 (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CREMATORY

18. (a) Signature of funeral director J. Ryan

(b) Address 5800 Arsenal

19. (a) JUL 10 1948 (Date received from registrar) (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600  
(c) City or town ST, Louis, (If outside city or town limits, write "RURAL") 17  
(d) Street No. 5800 Arsenal ST (If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1948 hour 9 minute 45 A. M.

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

Immediate cause of death Encephalomalacia Duration 3 weeks

Due to Arteriosclerosis

Due to Arteriosclerosis Heart Disease

Other conditions Syphilis CNS Late Latent

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Mrs. Christine (M. D. or other) 1/8/48

Address 5800 Arsenal Date signed 7/8/48

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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.....

Licensed Embalmer No.....

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.**