

S. No. 500  
V. 10-48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18934  
Registrar's No. 1274

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Schauer	
b. CITY OR TOWN Manchester		c. CITY OR TOWN Manchester 45	
c. LENGTH OF STAY (In this place) 54		d. STREET ADDRESS (If rural, give location) Pine Crest Nursing Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			
3. NAME OF DECEASED a. (First) George b. (Middle) Artman Jr c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 17, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 13, 1904
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret</i>	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME George Artman Sr		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pine Crest records Manchester Mo
18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation INTERVAL BETWEEN ONSET AND DEATH 1 Day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 4 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy Petit Mal 10yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Op ER 422.2	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		47.2	
22. I hereby certify that I attended the deceased from 4/11 1950, to 5/17 1950, that I last saw the deceased alive on 5/11 1950, and that death occurred at 9:45 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. H. Sheslin M.D.</i>		23b. ADDRESS Kirkwood, Mo.	
23c. DATE SIGNED 5/17/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5-18-50	
24c. NAME OF CEMETERY OR CREMATORY Missouri		24d. LOCATION (City, town, or county) (State) Sublette Ave. St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 5-18-50		REGISTRAR'S SIGNATURE <i>Herbert R. Dumble M.D.</i>	
FURNERAL DIRECTOR'S SIGNATURE <i>Reiland Mortuary Service Inc.</i>		ADDRESS 4104	

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

40000  
4

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *J. Allen Davis* \_\_\_\_\_  
Licensed Embalmer No. *4053* \_\_\_\_\_

P. O. Address *N. Davis* \_\_\_\_\_

**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.