

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25235**
Registrar's No. **5551**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2702 A. Stoddard Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2219	
		d. STREET ADDRESS (If rural, give location) 2702 A. Stoddard Ave.	

3. NAME OF DECEASED (Type or Print) George			a. (First) St. John Jr.			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 24 - 1950.			
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 16, 1907			9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME George St. John Sr.		13b. MOTHER'S MAIDEN NAME Susie Ragland		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. # 2		17. INFORMANT'S SIGNATURE OR NAME <i>Sullivan St. John 4242 W. St. Jude</i>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>1. *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)							
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Pulmonary Congestion</p> <p>DUE TO (c) Chronic Myocarditis</p>							
		II. OTHER SIGNIFICANT CONDITIONS							
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p>Alcoholism</p>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? 422, 2	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **227 1/2 m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Sullivan St. John</i>		(Degree or title)		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 6/26/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/50		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.	
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DATE REC'D BY LOCAL REG. JUN 26 1950		REGISTRAR'S SIGNATURE <i>J. B. Pascoe</i>		25. FUNERAL DIRECTOR'S SIGNATURE Wright's Funeral Home. 3100 Easton Ave.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Arthur L. Heilbard

Signed
Student Embalmer

Licensed Embalmer No. 4271

P. O. Address 4049 St Ferdinand

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.