

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44159

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11754

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Illinois  |  | b. COUNTY<br>8120   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis 7   |  | c. LENGTH OF STAY (in this place)<br>1 day  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>Williamsfield 8       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>819 1/2 Market St. (Mug Hotel)   |  | d. STREET ADDRESS<br>(If rural, give location)  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br>LEO   |  | b. (Middle)<br>ELMER  |  | c. (Last)<br>GERMAN   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>December 31, 1951   |  | 5. SEX<br>Male <input type="radio"/>  |  | 6. COLOR OR RACE<br>White   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Divorced  |  | 8. DATE OF BIRTH<br>July 15, 1901   |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Mins.<br>50 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Unemployed   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br>Williamsfield, Illinois                          |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  | 13a. FATHER'S NAME<br>Elmer E. German   |  | 13b. MOTHER'S MAIDEN NAME<br>Elizabeth Jane McGivern  |  |
| 14. NAME OF HUSBAND OR WIFE<br>Edith German   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO.<br>None   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Miss Mary M. German, 3501 Fair Avenue  |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH                                     |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br>H2H3  |  |
| 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 11:49 A.M., from the causes and on the date stated above. |  |   |  |   |  |
| 23a. SIGNATURE<br>Patrick E. Taylor, Coroner  |  | 23b. ADDRESS<br>1300 East   |  | 23c. DATE SIGNED<br>1. 2. 52.   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |  | 24b. DATE<br>1-3-52   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Mary's Cemetery                                     |  |
| 24d. LOCATION (City, town, or county) (State)<br>Galesburg, Illinois  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>W. A. Stock, 2117 E. Grand Blvd.  |  | ADDRESS   |  |
| DATE REC'D BY LOCAL REG.<br>JAN 2 1952  |  | REGISTRAR'S SIGNATURE<br>J. Carl Smith, M.D.  |  |   |  |

(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.

Student .....  
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.