

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18861

State File No. ....

No. 300  
10. 48

FILED JUN 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1359

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>8 HRS.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>4315 LENOX AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>	b. (Middle) <u>L</u>	c. (Last) <u>SOUTAR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1952</u>
---	----------------------	-------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-13-1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YRS. Hours Mins.
--------------------	-------------------------------	---	------------------------------------	---	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>Wm Soutar</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Neuge</u>	14. NAME OF HUSBAND OR WIFE <u>Agnes O. Soutar</u>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>487-30-6725</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Agnes O. Soutar</u>	ADDRESS <u>4315 Lenox St Louis 19</u>
---	---	--	---------------------------------------

48. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION (Interpreted by physician)		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>9 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension + Arteriosclerosis</u>		<u>2 years</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>4 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331K</u>	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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 1935, 19  , to 5/24, 1952, that I last saw the deceased alive on 5/23, 1952, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Brind MD</u> (Degree or title)	23b. ADDRESS <u>Webster Groves Mo</u>	23c. DATE SIGNED <u>5/24/52</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co 19 MO</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-24-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombek MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME 73 W. LOCKWOOD AVE WEB. GRO. MO.</u>
---	---	--

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*John S. Pennek*

Licensed Embalmer No. ....

*41940*

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.