S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26466

BIRTH NO. 104 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6862

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 N. 9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2259
d. STREET ADDRESS (If rural, give location) 25 3 N. 9

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Weirick c. (Last)

4. DATE OF DEATH (Month) 6 (Day) 30 (Year) 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1900
9. AGE (In years last birthday) 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mek
10b. KIND OF BUSINESS OR INDUSTRY Mek
11. BIRTHPLACE (City and State or Foreign Country) Penn
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Mek
13b. MOTHER'S MAIDEN NAME Mek
14. NAME OF HUSBAND OR WIFE Mek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Mek (If yes, give war or dates of service) Mek
16. SOCIAL SECURITY NO. Mek
17. INFORMANT'S SIGNATURE OR NAME V. C. Taylor ADDRESS 1300 York

18. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heat Exhaustion
DUE TO (c) Decompensated Heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4222F

22. *I hereby certify that I attended the deceased from* 1900 *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE V. C. Taylor (Degree or title) 1300 Coroner
23b. ADDRESS 3 1300 York
23c. DATE SIGNED JUL 13 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) 10
24b. DATE 7-31-52
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. JUL 16 1952
REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.C.
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 4184 Manchester Ave.

(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 Students of Mortuary College, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.