

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33757

State File No.

DECEASED OCT 2 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2457

| | | | | | |
|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant | | c. LENGTH OF STAY (in this place) 5 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 1 Box 320 Hiway 140 | | | d. STREET ADDRESS (If rural, give location) R. R. 1 Box 320 | | |

| | | | | | | | | | |
|--|---------------------------|---|--|--|---|--|-------------------------------------|--------------------------|-------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) George | | | b. (Middle) W. | | c. (Last) Passmore | 4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 52 | | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married | 8. DATE OF BIRTH Aug. 24, 1889 | | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechinist (Retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| 13a. FATHER'S NAME William J. Passmore | | 13b. MOTHER'S MAIDEN NAME Caroline Batsch | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 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 Arthur Passmore | | ADDRESS R. R. 1 Box 320 Florissant, Mo. | |

| | | | | | | | |
|---|--|--|--|--|--|----------------------------------|--|
| 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) <i>Carcinoma of larynx & pharynx, uncertain</i> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 161X | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | | |

| | | | | | | |
|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION March 6, 1952 | | 19b. MAJOR FINDINGS OF OPERATION <i>Extensive growth in larynx & pharynx</i> | | | 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) m. | | 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 *March*, 19*52*, to *Sept. 22, 1952*, that I last saw the deceased alive on *Sept. 16, 1952*, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | | |
|---|--|---------------------------------|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <i>H. A. Bowerman, M.D.</i> | | | 23b. ADDRESS <i>607 North Grand St. Louis 3, Mo.</i> | | 23c. DATE SIGNED <i>Sept. 23, 1952</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>Sept. 25/52</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i> | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i> | |

| | | | | | | | |
|--|--|--|--|---|--|---------------------------------------|--|
| DATE REC'D BY LOCAL REG. <i>9-23-52</i> | | REGISTRAR'S SIGNATURE <i>Herbert R. Donke, MD</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Cullen Kelly</i> | | ADDRESS <i>7267 Natural Bridge</i> | |
|--|--|--|--|---|--|---------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

527

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

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.