

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40220

State File No.

DEC 2 1952
64081

BIRTH NO. 64081 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10227

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 23 1623 Dolman 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 6, 1952	
3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) GEORGE c. (Last)		5. SEX 0 Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Sept. 13, 1952		9. AGE (In years last birthday) 0 Months 1 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert George	13b. MOTHER'S MAIDEN NAME Willa Davis	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willa George, 1623 Dolman, St. Louis, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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? 5702

22. I hereby certify that I attended the deceased from 11-1-52, 19, to 11-6-52, 19, that I last saw the deceased alive on 11-6-52, 19, and that death occurred at 6:05A m., from the causes and on the date stated above.

23a. SIGNATURE Elizabeth K. Gay M.D. (Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 11-6-52
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE Nov. 8, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. NOV 6 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. B. (Licensed Embalmers' Sealment on Reverse Side) M. J. B. 2301 LAFAYETTE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 R. Chapman
.....
Licensed Embalmer No. *4557*
.....

P. O. Address *St. Louis, Mo.*
.....

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.