

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20504

FILED JUL 2 - 1954

1003

State File No.

Registrar's No. 5702

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 5702			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois, b. COUNTY Perry Co.							
b. CITY OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) 16 Days			c. CITY OR TOWN Tamoroa		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				e. STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) a. (First) Louie			b. (Middle) --		c. (Last) George		4. DATE OF DEATH (Month) (Day) (Year) June 22, 1954.				
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 10, 1910		9. AGE (In years last birthday) 43			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine		11. BIRTHPLACE (City and State or Foreign Country) Tamoroa, Illinois,			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME James L. George			13b. MOTHER'S MAIDEN NAME Adeline Pruttell			14. NAME OF HUSBAND OR WIFE Rose George					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose George, Tamoroa, Illinois,							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus 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.						INTERVAL BETWEEN ONSET AND DEATH? 6 mo?	
19a. DATE OF OPERATION 6/17/54		19b. MAJOR FINDINGS OF OPERATION as above						20. AUTOPSY? YES <input 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)				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150 X									
22. I hereby certify that, I attended the deceased from 6/18/54, 19___, to 6/22/54, 19___, that I last saw the deceased alive on 6/22/54, 19___, and that death occurred at 1:24 p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Name or title) Leon Saine M.D.				23b. ADDRESS 106 S. Central St. L. Mo.			23c. DATE SIGNED 6/24/54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-22-54		24c. NAME OF CEMETERY OR CREMATORY Tamoroa Cemetery		24d. LOCATION (City, town, or county) (State) Tamoroa, Illinois					
DATE REC'D BY LOCAL REG. JUN 25 1954		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 2

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.....
Signature of Student Embalmer

Signed.....
John J. Hansen
Licensed Embalmer No. 410

P. O. Address.....
St. Paul

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**