

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10131

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (in this place) <u>4 HRS.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARIAN HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>7 4924 EMERSON AVE</u>			
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>		a. (First)		b. (Middle)	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BRASS CO.</u>		8. DATE OF BIRTH <u>DEC. 25, 1913</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>		9. AGE (in years last birthday) <u>41</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 30 1955</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE ROWER</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE GERKING</u>	
14. NAME OF HUSBAND OR WIFE <u>NIL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-01-3396</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EDNA LARKIN</u>		ADDRESS <u>2900 MAYWOOD AVE</u>		CITY <u>NORMANDY, MO</u>	
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) <u>Rheumatic heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Asthma</u> DUE TO (c) <u>Cirrhosis of liver</u> 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 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 <u>6-1-1954</u> to <u>3-30-1955</u> , that I last saw the deceased alive on <u>3-30-1955</u> , and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Jones</u>		23b. ADDRESS <u>M.D. 93676 S. Bldg. St. Louis</u>		23c. DATE SIGNED <u>4-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APR. 2, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>		DATE REC'D BY LOCAL REG. <u>APR 1 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Wiedmeyer & Sons</u>		ADDRESS <u>3924 N. 20 ST.</u>			

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gustav W. Gutschalk*

Licensed Embalmer No. *43*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.