

THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. **17881**
4081
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4081				
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		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. L. City Hosp				e. STREET ADDRESS (If rural, give location) 19 4039 Olive				2199		
3. NAME OF DECEASED (Type or Print) a. (First) Steve			b. (Middle) George			c. (Last) Jr			4. DATE OF DEATH (Month) (Day) (Year) 4-24-56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-24-1889		9. AGE (In years last birthday) 66		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Building Mat		11. BIRTHPLACE (City and State or Foreign Country) Austria Hungary		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Steve George			13b. MOTHER'S MAIDEN NAME Julia Schulz			14. NAME OF HUSBAND/OR WIFE Clara				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes-Navy 1916-1924			16. SOCIAL SECURITY NO. 489-12-4169		17. INFORMANT'S SIGNATURE OR NAME Clara Bridges			ADDRESS 4039 Olive		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Kidney ANTECEDENT CAUSES Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH _____		
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 180x						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? _____						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:20A m., from the causes and on the date stated above.										
23a. SIGNATURE Patrick C. Taylor Carraway (Degree or title) _____				23b. ADDRESS 1800 Clark				23c. DATE SIGNED 4.25.56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-26-56		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) Jeff Barracks Mo		(State) _____		
DATE REC'D BY LOCAL REG. APR 25 1956		REGISTRAR'S SIGNATURE J. Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Co.		ADDRESS 2707 9th St				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *L. C. Branson*.....

Licensed Embalmer No. *476*.....

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.