

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024145  
Stat. File No.

FILED JUL 11 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1264

1. PLACE OF DEATH a. COUNTY <u>SAINT LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>                    </u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY</u>		c. CITY OR TOWN <u>SHABONIER</u> <u>8/20</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 mo. 6 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEMAY NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GOTTFRIED</u>	b. (Middle) <u>                    </u>	c. (Last) <u>GEORGIE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5, 1879</u>	9. AGE (In years last birthday) <u>79 yrs</u>	# UNDER 1 YEAR Months <u>            </u> Days <u>            </u>	# UNDER 24 HRS. Hours <u>            </u> Min. <u>            </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Conrades Chair Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Gottfried Georgie</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Emma C. Georgie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-01-5759</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Georgie</u>	ADDRESS <u>4836 Gardenville Ave 16</u>
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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 <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>331X</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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from JUNE 1, 1958, to JULY 1, 1958, that I last saw the deceased alive on JUNE 30, 1958, and that death occurred at 1:05A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Drake M.D.</u>	(Degree or title)	23b. ADDRESS <u>3606 L. Travis St. Louis</u>	23c. DATE SIGNED <u>7-1-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/5/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>7-2-58</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Romlehd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u>	ADDRESS <u>4828 NAT'L BRIDGE 15</u>
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WRITE PLAINLY,--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Day

740 S. 4th St.

File in county

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 *Ralph L. Zindes*

Licensed Embalmer No. *4275*

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.