

FILED AUG 13 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 24985

Registrar's No. 1825

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Overland  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 9520 Tennyson Ave. /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether  
 years, months or days)

3. (a) PRINT  
FULL NAMEGeorge J. Skaggs3. (b) If veteran,  
name war.....No3. (c) Social Security No.  
None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Mary Skaggs

7. Birth date of deceased November 11 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 8 16 hr. min.

9. Birthplace Crawford County, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Hob Skaggs13. Birthplace Crawford County Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Julia Odeal15. Birthplace Carter County Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Ethel Middleton(b) Address R 9520 Tennyson Ave.17. (a) Burial (b) Date thereof 7-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Piedmont, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) 7-27-48 (b) George J. Skaggs  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Overland  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9920 Tennyson Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
 year 1948 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 26  
July 28 to 27 July 1948  
 that I last saw alive on 27 July 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure  
 Duration 2 da

Due to Chronic Bronchitis  
 Months

Due to 106 da

Other conditions 106 da  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

## PHYSICIAN

Underline  
 the cause of  
 which death  
 should be  
 charged statisti-  
 cally.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public  
place?..... (Specify type of place)While at work..... (Specify type of place) Means of injury ?23. Signature Paul R. Whitener (M. D. or other) MDAddress 8923 Midland, St. Louis Date signed 27 July 48

NOV 22 1948

MISSOURI  
DEPARTMENT OF HEALTH

**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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed *Gustav W. Neutel*

Licensed Embalmer No. *4329*

P. O. Address *St. James, 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.