

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D AUG 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26151

Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 660
(b) Township Cass Primary Registration District No. 5578 Registered No. 4396
(c) City Perryville (d) Street No. 211
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Annabelle Street St. □
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. (Infant)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Mo.

FATHER 13. NAME Harry Tisher 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

MOTHER 15. MAIDEN NAME Aileen Kiefer 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Mo.

17. INFORMANT (ADDRESS) Harry Tisher
Perryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Boniface Ch. DATE July 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bay Funeral Home
Perryville, Mo.

20. FILED 7-25-38 Joe Zollner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-38

HEREBY CERTIFY, that I attended deceased from July 8 1938, to July 25 1938

I last saw him alive on July 15 1938. Death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Heart failure
congenital abnormality
1.3

Other contributory causes of importance:

Rickets
congenital depressed font.

Name of operation none Date of none
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Overexhaustion
(Signed) Joe Zollner, M. D.
(Address) Perryville, Mo.

Licensed Embalmer's Statement on Reverse Side)

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.....

Albert Benz

Licensed Embalmer No.

3866

P. O. Address.....

Beverlyville, Md.

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, above space should be left blank.