

REC'D OCT 21 1938

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

32521  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jefferson Registration District No. 491  
(b) Township Isaiah Primary Registration District No. 5575 Registered No. 95  
(c) City ..... (d) Street No. .... St.  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Michael Gendron 574  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown 1845</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-17-1964</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>11</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kaskaskia S</u>		
13. NAME <u>Beatrice Gendron S</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kaskaskia S</u>		
15. MAIDEN NAME <u>Beattie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Wm Gendron</u> <u>Festus mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE, DATE <u>Festus, Mo</u> DATE <u>9-14-38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>E. P. Fink</u> <u>Festus mo</u>		
20. FILED <u>9/15-38</u> <u>J. E. Ruthledge</u> (Address) Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 - 193822. I HEREBY CERTIFY That I attended deceased ~~from~~  
By Inquest on Sept 12, 1938I saw the deceased, 19... Death is saidto have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic  
myocarditis  
Other contributory causes of importance:  
ABC

Name of operation ..... Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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? No.If so, specify Frank Hooper, Coroner  
(Signed) Festus, moLocal Registrar Festus, mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*Eleana Province*

or by .....

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

Signed *Eleana Province*

Licensed Embalmer No. *3403*

P. O. Address *Jestus M*

**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.**