

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.

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

7702  
 Do not use this space.

1. PLACE OF DEATH *St. Francois*  
 (a) County *St. Francois* Registration District No. *773*  
 (b) Township *St. Francois* Primary Registration District No. *6018A*  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. *24*  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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.  
*1337 HAROLDEUGENE* (Still Born) *Wines* (WINES)

2. PRINT FULL NAME \_\_\_\_\_  
 (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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED  (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 21-1939*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	0	0	0	0

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.   
 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) *near Farmington Mo*

FATHER 13. NAME *Mr. Harold ...*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER 15. MAIDEN NAME *Elizabeth Gronquist*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Crystal Falls Mich*

17. INFORMANT (ADDRESS) *Fomer Wines Farmington*

18. BURIAL, CREMATION, OR REMOVAL PLACE *3 Rows M.W.A. St. Francois* DATE *Feb 22 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Needlet and Co Farmington Mo*

20. FILED *Feb 21 1939* *T.B. Robinson* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *(9) Feb 21 1939*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
*Still Born*

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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 \_\_\_\_\_, 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) *Wm. L. Guice* M. D.  
 (Address) *Farmington*

The family physician Dr Winter was sick in bed and not able to see this case when it terminated but the family and (one is a graduate nurse) say there had been no evidence that foetus was at for a week before birth and condition of foetus indicated death had taken place a week or more before ~~death~~ birth.

Dr C C Winter

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**