

RECORDED SEP 21 1939

Registration District No. 775

Primary Registration District No. 6070-A

Registrar's No. 59

1. PLACE OF DEATH: 2

(a) County St. Francois
(b) City or town Bonne Terre MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) 6.5

3. (a) PRINT FULL NAME Matilda Marchand

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife Louis Marchand 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 2 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>11</u>	hr. _____ min.

9. Birthplace Havel County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Lerdinand Straub

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christina Specht

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leah Marchand

(b) Address Bonne Terre MO

17. (a) Burial (b) Date thereof Aug. 16 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joseph's Cemetery

18. (a) Signature of funeral director Joseph's

(b) Address 313 Benham St. Bonne Terre MO

19. (a) Aug. 15 1939 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Benham Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1939 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 13, 1939, to Aug. 8, 1939;

that I last saw her alive on Aug. 5, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 1 year.
Tuberculous meningitis adenitis 3 mos.

Due to _____

Due to 7 1/2

Other conditions Chronic myocarditis 2 mos.
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Martin J. Hart, Jr. (M. D. or other) _____

Address Bonne Terre Mo Date signed 8-15-39

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, or by.....

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

Signed G. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Cornel Jemel 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.