

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 27 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36852

State File No.

Registration District No. 1128

Primary Registration District No. 5879a

Registrar's No. 13

1. PLACE OF DEATH:

- (a) County PERRY
(b) City or town RURAL McBride Mo. R.T.D. #1
(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. 1 Month.
years, months or days)

3. (a) PRINT FULL NAME Camel Verstringer 623

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LENA BROAT 6. (c) Age of husband or wife if alive years

7. Birth date of deceased DECEMBER 12, 1858.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 24 hr. min.

9. Birthplace BELGIUM
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name LEO VERSTRINGER

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Edward B. Verstringer

(b) Address 2824 Lane Ave. St. Louis Mo

17. (a) BURIAL (b) Date thereof NOV. 8, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER & Paul CEM.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Berryville Mo.

19. (a) Nov 6 (b) Elmo Elder 599
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2622 Ohio Avenue.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th 1939
year hour minute M.

21. I hereby certify that I attended the deceased from Nov. 5th 1939 to Nov. 6th 1939
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Stroke Duration

Due to Old age

Due to Hardened arteries

Other conditions (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 Nov. 5th 1939

(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 H. A. Parks (M. D. or other)

Address Berryville Mo. Date signed

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.....

Le Roy J. Schindler, Registered Apprentice No. 231
working under my personal supervision.

Signed.....

Albert H. Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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, above space should be left blank.