

FILED JUN 17 1940

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

19396

Do not use this space.

1. PLACE OF DEATH

(a) County St Charles 2, Registration District No. 756
(b) Township Portage 1, Primary Registration District No. 5997
(c) ~~City of West Alton~~ (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 250 John Dawson West Alton Mo 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 8 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) Dec 1 39 11. Total time (years) spent in this occupation 58 yrs

12. BIRTHPLACE (CITY OR TOWN) Grafton (STATE OR COUNTRY) Ill

13. NAME U 9

14. BIRTHPLACE (CITY OR TOWN) U 9 (STATE OR COUNTRY)

15. MAIDEN NAME U 9

16. BIRTHPLACE (CITY OR TOWN) U 9 (STATE OR COUNTRY)

17. INFORMANT Mrs. Rose Feltus (ADDRESS) West Alton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE West Alton DATE May 6 40

19. FUNERAL DIRECTOR (NAME) John A. Hughes (ADDRESS) Alton, Ill.

20. FILED May 8 1940 Rose Barnard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4-1940 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 189, to May 2, 1940

I last saw him alive on May 2, 1940. Death is said to have occurred on the date stated above, at 6:45 A.M.

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

Carcinoma of the prostate

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? no
If so, specify _____
(Signed) M. M. Burns, M. D.
Alton, Ill. (Address)

Sub. (Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

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: