

Registration District No. **757**

Primary Registration District No. **8036**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
106 No. Main
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles 92**
(c) City or town **St. Charles 9**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. **1020 N. Kings Highway**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No) **O**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1941** hour **9** minute **14 A.M.**

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Due to **Coronary occlusion**
Due to **Chs. Myocarditis 18**
Other conditions **seen Aut. & sclerosis 540**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none 93A**
Of autopsy **none**
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **A.P. Eriol Schuf** (M.D. or other) _____
Address **St. Charles Mo** Date signed **7/24/41**

3. (a) PRINT FULL NAME **John MEDRES**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-16-8036**

4. Sex **Male 1** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Klaume Mary** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 10 1887**
(Month) (Day) (Year)

8. AGE: Years **54** Months **2** Days **9** If less than one day hr. _____ min. _____

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

10. Usual occupation **Cabman**

11. Industry or business **CONSTRUCTION**

MOTHER FATHER { 12. Name **Edwina Medres**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Unkman**
15. Birthplace **Yorkman**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chick James Kane**
(b) Address **Poplar Bluff Mo**

17. (a) **Funeral** (b) Date thereof **July 19 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff Mo**
Westminster - Rome

18. (a) Signature of funeral director _____
(b) Address **226 7th St. Sx**

19. (a) **JUL 20 1941** (b) **Rowen S. Nissen**
(Date received local registrar) (Registrar's signature)

6.79 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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. *3144*

P. O. Address *St Charles 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, fact should be so stated above.