

No. 2
4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26092

FILED AUG 12 1941

State File No. _____

Registration District No. 781

Primary Registration District No. 6027

Registrar's No. 6

1. PLACE OF DEATH:

(a) County St. Genevieve

(b) City or town Beauvais, Miss
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME EDWIN JOERGE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 17 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

18 11 29 hr. min.

9. Birthplace River View, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Frank X Joerges

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

14. Maiden name Joerges

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

16. (a) Informant Arthur Melroy

(b) Address River View, Miss

17. (a) Christal (b) Date thereof July 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Ohio

18. (a) Signature of funeral director Jerome H. Stanton

(b) Address St. Genevieve, Miss

19. (a) 7/17/41 (b) Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Genevieve

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. River View, Miss
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1941 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Accidental Death
Drowning

Due to _____

Due to Jury Verdict

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 10 3/4

Of operations _____

Of autopsy _____

Duration _____

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) Accident

(b) Date of occurrence July 15-1941

(c) Where did injury occur? 890
(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 Coroner

23. Signature Jerome H. Stanton (M.D. or other) _____

Address St. Genevieve, Miss Date signed 7/14/41

105 (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..... *Jerome A. Gaus*
Licensed Embalmer No..... *3817*
P. O. Address..... *St. Lawrence*

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.