

FILED MAR 2 1942
Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 243

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Eight Weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 2230 N. Third St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from November 30
1941 to January 19 1942
that I last saw h. ev. alive on January 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death postoperative splenectomy Duration 7 1/2 hrs
Due to leupemia (myelogenous) 5 mo?

Due to _____
Other conditions MSC!
(include pregnancy within 3 months of death)

Major findings: spleen enlarged 5 1/2 pounds
Of operations (removed)
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: No
(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 George Skiba (M. D. or other) MD
Address St. Charles, Mo Date signed Jan 20 1942

3. (a) PRINT FULL NAME Mary Hank

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Hank 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 27 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Milton Thornton

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

14. Maiden name Nancy Sublette

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

16. (a) Informant Mrs. Ethel Guthrie

(b) Address 229 Clark St. St. Charles Mo

17. (a) Burial (b) Date thereof Jan 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem, St. Charles Mo.

18. (a) Signature of funeral director H.C. Dallmeier & Sons Co

(b) Address 800 N. Second, St. Charles Mo

19. (a) 1-21-42 (b) Clarence H. Wessler
(Date received local registrar) (Registrar's signature)

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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 John E. Hallmayer
Licensed Embalmer No. 2951
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.