

FILED MAR 20 1942

Registration District No. _____

Primary Registration District No. 3036

Registrar's No. 256

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Twenty One Days
(Specify whether 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. 332 S. Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael M. Jose
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 4
year 1942 hour 1 minute 20 P. M.
21. I hereby certify that I attended the deceased from Oct 27
1941 to Feb 4 1942
that I last saw him alive on Feb 4 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie 6. (c) Age of husband or wife if alive 61 years
(Full) Jose
7. Birth date of deceased September 27 1879
(Month) (Day) (Year)

Immediate cause of death
Broncho Pneumonia
Pneumonia
Due to Carcinoma Stomach
Due to _____

Duration
3 day
3 1/2

8. AGE: Years 68 Months 4 Days 17
If less than one day hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) 46 lb
Major findings: Carcinoma Stomach
Of operations _____
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business American Cas & Laundry
12. Name George Jose
13. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Rollins
15. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

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?
While at work? (Specify type of place) _____
(e) Means of injury _____

16. (a) Informant John St. Jose
(b) Address 314 S. Second, St. Charles, Mo.
17. (a) Burial (b) Date thereof Feb 7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem., St. Charles, Mo.
18. (a) Signature of funeral director H.C. Dellmeyer & Sons, Mo.
(b) Address 800 N. Second, St. Charles, Mo.
19. (a) 2-17-42 (b) Clarence St. Gessala
(Date received local registrar) (Registrar's signature)

23. Signature Vincent A. Schuler (M. D. or other) md
Address St. Charles, Mo. Date signed 2/7/42

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

92
9
3

55
F

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. Dallmeyer
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.