

No. 1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24941

FILED AUG 21 1942

Registration District No. 648

Primary Registration District No. 5849

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural Crumville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 2635 Gravois
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elena Herman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / race W

5. Color or _____

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

6. (b) Name of husband or wife Alfonse Herman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 4 1877
(Month) (Day) (Year)

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

65 1 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fernand Minneboo

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

14. Maiden name Verbeck

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

16. (a) Informant Alfonse Herman

(b) Address 2635 Gravois, St Louis Mo

17. (a) Burial (b) Date thereof 7-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director W. W. Wilder

(b) Address Lincoln Mo

19. (a) Aug 20/1942 (b) E. J. Summer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1942 hour 1 minute 45 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
Death due to causes unknown coroner request - returned
Due to undetect as cause - pending further investigation
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Stomach removed
& sent to State Board of Health Laboratories of Jefferson City, Mo
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) _____

(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)

(a) Means of injury 3
Coroner

23. Signature Dr. W. W. Wilder (M. D. or other)

Address Westphalia Mo Date signed 7/18/42

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

1284

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1942

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.....

Simon Morton

Licensed Embalmer No. *4125*

P. O. Address.....
Simon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 24941

Registration District No. 640

Primary Registration District No. 5849

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clena Neuman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased June 4
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 10
(If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1942 hour _____ minute _____ 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 _____

Due to None of the more common
poisons found

Due to Dr. C. J. Adams

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

Major findings:
Of operations _____

Of autopsy 200a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Casualty June
(b) Date of occurrence retained an open verdict
(c) Where did injury occur? Death due to causes unknown
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
The above laboratory report

While at work? _____ (Specify type of place)
(e) Means of injury is still not complete

23. Signature W. C. Waldman (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

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

