

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Bonne Terre Town
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
 In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Barbara Handrad
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 30
 year 1942 hour 10-2 minute - M.

4. Sex Female 1 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frank Handrad 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Feb 20 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-16 1942 to 9-30 1942
 that I last saw her alive on 9-29 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>7</u>	<u>10</u>	hr. min.

Immediate cause of death: Heart Failure - passive congestive
 Due to Electrical Reorganization
Ventral reorganization
 Duration 12 hrs. 6 mos.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)
 10. Usual occupation Care of home

Other conditions: 92 P
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Metro Kaminski
 13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank Handrad
 (b) Address Desloge MO.
 17. (a) Burial (b) Date thereof 10 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis MO.
 18. (a) Signature of funeral director E. J. Boyer
 (b) Address Desloge MO.
 19. (a) Oct. 2, 1942 (b) Byrdie Bukhmet
(Date received local registrar) (Registrar's signature)

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)
 23. Signature E. H. Walker (M. D. or other)
 Address Desloge MO Date signed 10-1-42

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

94
2
1

94
2
1

RECEIVED

District Health Officer No. 3

District File Number 1142-1316

Date Filed 10-5-42

MAR 9 1946

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 R. G. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge 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.