

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 42258FILED JAN - 6 1943
Registration District No. 1943 4Primary Registration District No. 45336237Registrar's No. 19

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Peculiar Grove m 11
(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)3. (a) PRINT FULL NAME Ernest Faurcault3. (b) If veteran,
name war ✓3. (c) Social Security
No. ✓4. Sex M. 5. Color or
race W.6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Blanche Faurcault6. (c) Age of husband or wife if
alive 36 years7. Birth date of deceased May 24 1860
(Month) (Day) (Year)8. AGE: Years 82 Months 6 Days 12
If less than one day _____ hr. _____ min.9. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business

12. Name Ferguson Faurcault13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)14. Maiden name Cassie Blache15. Birthplace Paris France
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Blanche Faurcault(b) Address Wright City Mo17. (a) Burial (b) Date thereof Dec 8 42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellymountain18. (a) Signature of funeral director Nehring F & Co(b) Address Wright City Mo19. (a) 12/8/42 (b) Julius Nehring
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren(c) City or town Wright City
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1942 hour 2:30 minutes PM21. I hereby certify that I attended the deceased from April
1942 to Dec 1942that I last saw him alive on Dec 5 1942
and that death occurred on the date and hour stated above.Immediate cause of death _____
Duration _____Ca 7 PancreasDue to Alcy

Due to _____

Other conditions acute yellow jaundice 2 Weeks
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

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:

(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 Philip J. Jellonai MD (M. D. or other) _____Address Wright City, Mo. Date signed 12/6/42

APR 21 1947

SEP 18 1947

JUL 27 1943

DEC 11 1946

JUL 2 1946

JUN 4 1947

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 Julius J. Nieburg
Licensed Embalmer No. 3386

P. O. Address Wright City 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, above space should be left blank.