

S. No. 2
M-542
v. 5-17-39
FILED MAR 11 1943

7442

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 38

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:
212 S. Main Street
(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 Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 212 S. Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Sample

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

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

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

7. Birth date of deceased January 12, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>10</u>	hr. min.

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

10. Usual occupation Music Dealer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Sample

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

14. Maiden name Mary McNence

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

16. (a) Informant Mrs Hilda Telgemeier
(b) Address St Charles Mo

17. (a) Burial (Burial, cremation, or removal) St. John's Cemetery
(b) Date thereof Feb. 24, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hackmann - Bue
(b) Address 326 N 6th St, St. Charles Mo.

19. (a) 2-23-43 (Date received local registrar) (b) Clarence G. Ueberlein (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd
year 1943 hour 11 minute - A.M.

21. I hereby certify that I attended the deceased from Jan - 10
1943 to Feb - 23 1943;
that I last saw him alive on Feb - 21 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Duration 5 wks

Due to Old Case of Syphilis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30g

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) (a) Means of injury _____

23. Signature D. J. N. ... (M. D. or other)

Address St Charles Mo Date signed Feb 23-43

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

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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..... *Arthur C. Bane*

Licensed Embalmer No. *3147*

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.