

S. No. 2
4-5-42
6-17-39
X32073

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8538

FILED MAR 25 1943 318

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 2467

1. PLACE OF DEATH:

(c) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Arthurian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community 1 1/2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
 (c) City or town Jackson, Mo. (If outside city or town limits, write "RURAL") NR.
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Maurice L. McCarrister
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year 1943 hour 1 minute 20 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mildred McCallister 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased March 21 1907
 (Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
35 11 20 hr. min.

Immediate cause of death Mitral insufficiency Duration 4 mos
Angerulation
 Due to Rheumatic heart disease 1-22 yrs

9. Birthplace Oak Ridge Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy Dilated heart

10. Usual occupation Salesman

11. Industry or business Jackson Imp. Co.

12. Name Gare McCallister
 13. Birthplace Oak Ridge Mo. (City, town, or county) (State or foreign country)

14. Maiden name Emma Kieppe
 15. Birthplace Oak Ridge Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. L. McCallister
 (b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof 3-12-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yoshem Cem.
 18. (a) Signature of funeral director J. F. Bullock
 (b) Address Jackson, Mo.

19. (a) MAR 15 1943 (Date received local registrar) J. F. Bullock (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) (e) Means of injury _____
 23. Signature T. E. Ruff (M. D. or other) MA
 Address Jackson, Mo. Date signed 3-12-43

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

FEB 25 1944

Retained permit

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 Gene C. Cuaa

Licensed Embalmer No. 4327

P. O. Address Jackson, Md.

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.