S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22262

JUL 12 1943

Registration District No. 3910 Primary Registration District No. 3058 Registrar's No. 111

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: ~~Hamburg Ill~~ St Charles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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. Hamburg Ill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Manuel Booth
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 12 (Day) 1931 (Year)
8. AGE: Years 11 Months 11 Days 27 If less than one day ..... hr. ..... min.
9. Birthplace Hamburg Ill (City, town, or county) / (State or foreign country)
10. Usual occupation Student
11. Industry or business School
FATHER 12. Name Marion Booth
13. Birthplace Hamburg (City, town, or county) Ill (State or foreign country)
MOTHER 14. Maiden name Verlie Dorksmeyer
15. Birthplace Hamburg (City, town, or county) Ill (State or foreign country)
16. (a) Informant Marion Booth
(b) Address Hamburg Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hamburg Ill
18. (a) Signature of funeral director Hackmann Baue
(b) Address St Charles Mo.
19. (a) June 15, 1943 (Date received local registrar) (b) Ernest E. Taub (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th. year 1943 hour 10:45 minute 45 A.M.
21. I hereby certify that I attended the deceased from Coroners Inquest, 19..; that I last saw it alive on ....., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suffocation due to	
Due to: Drowning	3 Min.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No
Of autopsy No.

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) accidental 1310
(b) Date of occurrence June 9th. 1943.
(c) Where did injury occur? Hamburg (City or town) Ill. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Missippi River (Specify type of place)
While at work? No (e) Means of injury Drowning
23. Signature A P Erich Schulz (M. D. or other) MD
Address St Charles Mo. Date signed 6/16/43

(Licensed Embalmer's Statement on Reverse Side)

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. 3155

P. O. Address St Charles

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.