

ED JUN 28 1943

State File No.

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. # 95

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: St Joseph Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week
(Specify whether
In this community 62 Years
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. 1048 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country. O

3. (a) PRINT FULL NAME Theo Mc Dearmon

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female / 5. Color or race W 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 Nov. 27 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 8 If less than one day hr. min.

9. Birthplace St Charles Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Principal

11. Industry or business School

12. Name Theodorick Mc Dearmon

13. Birthplace St Charles Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Fielding

15. Birthplace St Charles Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thomas Knoble

(b) Address 1048 Jefferson St

17. (a) Burial (b) Date thereof June 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles Mo

18. (a) Signature of funeral director Washburn Paul

(b) Address 326 No 6th St St Charles Mo

19. (a) 6/6/43 (b) Washburn Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1943 hour 4⁴⁰ minute 9 M.

21. I hereby certify that I attended the deceased from June 1
1943 to June 5 1943
that I last saw him alive on June 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcocoma, Uterine
Duration ?

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Sarcocoma
Of operations abdominal
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) (e) Means of injury
23. Signature Washburn Paul (M. D. or other)
Address 326 No 6th St St Charles Mo Date signed 6-5-43

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

MOTHER FATHER

JUN 29 1943

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. Paul*

Licensed Embalmer No. *10111*

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.