

3. No. 2
4-542
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
RECORDED JUL 7 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22304

State File No. _____
Registrar's No. 97

Registration District No. 316 Primary Registration District No. 3159

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town BONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BONNE TERRE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. FRANCOIS

(c) City or town BONNE TERRE HOSPITAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLOTTE JUNE LINK

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

4. Sex F 5. Color or race W 6. (a) Single (b) Child

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

7. Birth date of deceased JUNE 16 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business _____

12. Name FESTEL LINK

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

14. Maiden name LENA EDNA LINK

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

16. (a) Informant FESTEL LINK

(b) Address ELWINS ROUTE 1, MITCHELL, MO.

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

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director S. Boyer & Son

(b) Address Leadwood, Missouri

19. (a) June 23-1943 (b) Thydie Bukhmetov
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1943 hour 7 minute 37 M.

21. I hereby certify that I attended the deceased from June 16, 1943 to June 17, 1943 that I last saw her alive on June 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Due to Aspiration of amniotic fluid - before & during birth

Due to _____

Other conditions (include pregnancy within 3 months of death) 16/2

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature Geo. R. Matthews (M. D. or other)

Address Jarvisport Mo. Date signed 6-22-43

Duration 1 da.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

4
2
1

1190

RECEIVED

District Health Officer No. 4
District File Number 743-238
Date Filed 7-6-43

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 Bert L. Boyer

Licensed Embalmer No. 3445-

P. O. Address Leadwood 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.