

S. No. 2
M-2-43
5-17-39
X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32438**

Registration District No. **316**

Primary Registration District No. **3661**

Registrar's No. **80**

94
5
2

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(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 Mo. (b) County St. Francois

(c) City or town Flat River
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH C. VERECHASKY

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

4. Sex Male 5. Color or Race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dolores Marshall 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Feb 5 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>6</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Flat River Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Mining

11. Industry or business _____

MOTHER FATHER

12. Name Stanley Verechasky

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

14. Maiden name Victory Moustary

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

16. (a) Informant Mrs Joseph Verechasky

(b) Address Flat River Mo.

17. (a) Burial (b) Date thereof 4 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonny Farms Mo.

18. (a) Signature of funeral director Eddie Bell

(b) Address Flat River Mo.

19. (a) Sept 8 - 1943 (b) Byrdie Burkmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 th
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased By Eugene Duties on Sept 8 1943
that I last saw h _____ alive on _____ 19____;
and that death occurred on the _____ day and hour stated above.

Immediate cause of death Skull fracture
Jury Verdict: The deceased came to his death by an unavoidable accident

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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) Accident

(b) Date of occurrence Sept 4, 1943

(c) Where did injury occur? Flat River St. Francois
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No. 11 mine of St. Joseph Coal Co

While at work? Yes (Specify type of work) _____
(a) Means of injury Falling Rock

23. Signature Donna Plouffe (M. D. or other) _____
Address Bonny Farms Mo. Date signed 9/8/43

1176

RECEIVED

District Health Officer No. 4
District File Number 1043-2755
Date Filed 10-5-43

Handwritten notes and scribbles in the top left corner.

Handwritten notes: "VIA A" and "10-5-43"

Handwritten word: "Received"

Handwritten notes: "L.H. ..."

Handwritten initials: "H.S. & P."

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.