

FILED MAY 8 1944

State File No.

Registration District No.

Primary Registration District No. 4468

Registrar's No. 19

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town ST. MARY'S
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME PETER CRAFF

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
LORETTA CAMBRON 28 1864
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 19 hr. min.

9. Birthplace PERRY CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name UNKNOWN
13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Louis Hoff

(b) Address Crystal City Mo

17. (a) Burial (b) Date thereof 7-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo

18. (a) Signature of funeral director W. C. Risher

(b) Address St. Genevieve Mo

19. (a) April 19/44 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUISARY
(c) City or town ST. MARY'S MO 95
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location) 5
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from JUNE 1942 to April 17 1944 that I last saw him alive on April 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2yrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 93d

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) (c) Means of injury.....

23. Signature Arthur E. Sawyer (M. D. or other) M.D.
Address St. Genevieve Mo Date signed 4-18-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 544-374
Date Filed 5-6-44

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 Geo. E. Baskin
Licensed Embalmer No. 1985
P. O. Address St. Genevieve 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.