

FILED JUN 3 1944
Registration District No. 317

Primary Registration District No. 4469

Registrar's No. 22

1. PLACE OF DEATH:

(a) County STE GENEVIEVE
(b) City or town STE GENEVIEVE
(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.....

In this community LIFFC
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE GENEVIEVE
(c) City or town STE GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James O Bazile

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

4. Sex M 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Snary White 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Nov 26 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 5 20 hr. min.

9. Birthplace Ste Genevieve Mo
(City, town, or county) (State or foreign country)

10. Usual occupation SEWENT

11. Industry or business.....

MOTHER FATHER

12. Name U. N. K. P. N. N
13. Birthplace STE GENEVIEVE MO
(City, town, or county) (State or foreign country)
14. Maiden name Snary Bazile
15. Birthplace Ste Genevieve Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Snary Bazile
(b) Address Ste Genevieve Mo
17. (a) Burial (b) Date thereof May 17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ste Genevieve Mo
18. (a) Signature of funeral director Geo C. Beck
(b) Address Ste Genevieve Mo
19. (a) May 16/44 (b) F. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 5
1943 to May 15, 1944
that I last saw h. IM alive on May 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardio-Vascular-Renal Disease 2 yrs
Duration
Due to.....
Due to.....
Other conditions Malignant Hypertension
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

131a

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 Arthur Sawyer (M. D. or other) M.D.
Address Ste Genevieve Mo Date signed 5/18/44

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

RECEIVED

District Health Officer No. 4
District File Number 644-3908
Date Filed 6-6-44

JUL 19 1944

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 Lee C. Baskin

Licensed Embalmer No. 1985

P. O. Address St. Annemore Md

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.