

7. S. No. 2
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Rev. 5-17-39
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21818

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 22 1944

Registration District No. 160

Primary Registration District No. 4250

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Pevely Mo.
(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 1
Specify whether

In this community 2 hours 30 minutes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Pevely Mo. 50
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BABY FRENCH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 26
_____ 1944 to _____ 1944

that I last saw h. ev alive on Jan 26
and that death occurred on the date and hour stated above. 1944

4. Sex F. 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 January 26, 1944
(Month) (Day) (Year)

Immediate cause of death Prematurity Duration _____

Due to 6 1/2 months

Due to _____

Other conditions 19
(Include pregnancy within 3 months of death) 15

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. 30 min.

9. Birthplace Pevely - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

Major findings: None Of operations _____ Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name George French

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

14. Maiden name Eather Johnston

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

16. (a) Informant Mr. George French
(b) Address Pevely Mo.

17. (a) Burial (b) Date thereof Jan 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pevely Lutheran Cem

18. (a) Signature of funeral director Redington Funeral Home
(b) Address Timmonwick Mo.

19. (a) 1-26-1944 (b) Mrs. Lelyle Williams
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature Quinnth Beys (M. D. or other) _____
Address Pevely Mo. Date signed 1/26/44

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

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1359

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-21-44

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.....

Body was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur W. Neilligan.....

Licensed Embalmer No. 3872.....

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.