

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34651

FILED NOV 10 1944

State File No.

Registration District No.

Primary Registration District No. 4294

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Lincoln, Mo

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community all her life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME BIRD ST. JOHN

3. (b) If veteran, name war MO

3. (c) Social Security No. XX

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Tom St John

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased 7 22 1966
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 1 8 hr. min.

9. Birthplace Lincoln Co. MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business None

12. Name Edw. L. Uptergrove

13. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Hammett

15. Birthplace Lincoln Co. MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Weber

(b) Address Silet Mo

17. (a) Burial (b) Date thereof 9-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Liberty Cemetery

18. (a) Signature of funeral director W. P. Vaughn

(b) Address Silet Mo

19. (a) Nov 7 1944 (b) W. L. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lincoln

(c) City or town Silet 57
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) Citizen of foreign country? MO (Yes or No)
If yes, name country XX 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1944 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from July 1, 1944 to Aug. 30, 1944
that I last saw her alive on Aug. 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebric Anemia 1 Year.

Due to Arteriosclerosis.

Due to 73A

Other conditions 73A
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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)

Means of injury 0

23. Signature R. M. Owen (M. D. number) Mo. 0
Address Silet Mo. Date signed _____

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

7
00

1193

NOV 16 1944

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-8-44

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 me
....., Registered Apprentice No. XX
working under my personal supervision.

Signed W. R. Daemmig
.....
Licensed Embalmer No. 2251
P. O. Address Sibley 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.