

S. No. 2  
M-8-43  
5-17-39  
X37823

1912

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 10 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)  
In this community 1-1 hour

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Scott  
(c) City or town Chaffee (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 Charles Davis St. Cin  
(b) If veteran, name war ✓  
(c) Social Security No. 430-01-0556

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 3  
year 1945 hour 5:45 minute 0 M.  
21. I hereby certify that I attended the deceased from 6/14 1944 to Jan 3 1945  
that I last saw him in alive on Jan 3 1945  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Divorced  
(b) Name of husband or wife Vernie Pirthe St. Cin  
(c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Oct 4 1885  
(Month) (Day) (Year)

Immediate cause of death: dehydration  
Starvation  
Carcinoma  
Pharynx & Esophagus  
Duration 3 weeks

8. AGE: Years 59 Months 2 Days 29  
If less than one day hr. \_\_\_\_\_ min. ✓

Due to Carcinoma  
Due to Pharynx & Esophagus 3 yrs

9. Birthplace St Charles Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer + Factory Worker

Other conditions (Include pregnancy within 3 months of death) H60

11. Industry or business \_\_\_\_\_  
12. Name Davis Charles St. Cin  
13. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Maggie Rivard  
15. Birthplace Hardin Ill.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Autopsy Carcinoma Pharynx  
Generalized arteriosclerosis  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ben Elfrank  
(b) Address Painton Mo  
17. (a) Burial (b) Date thereof 1-5-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Perkins cemetery Mo

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? \_\_\_\_\_

18. (a) Signature of funeral director B. Spinghoff Hubbard  
(b) Address Chaffee Mo  
19. (a) 1-5-45 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of Injury \_\_\_\_\_  
23. Signature W. D. Furey (M. D. or other) 1/5/45  
Address St. Charles Chaffee Date signed \_\_\_\_\_

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

6  
1  
4

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 245-208

Date Filed 2-7-45

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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.....

*Mamie Bepling Jeff*

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.**