

S. No. 2
M-542
V. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10516
Registrar's No. 40

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1628 GALLAHER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 6 MONTHS
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WARREN
(c) City or town RURAL 107
(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 0

3. (a) PRINT FULL NAME SARAH ANN FINE
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 29
year 1945 hour 2:35 minute A. M.
21. I hereby certify that I attended the deceased from Feb 15th 1945 to March 29th 1945
that I last saw her or alive on March 26th 1945
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JAMES W. FINE 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. 22, 1863
(Month) (Day) (Year)

Immediate cause of death
Broken compensation 6mo.
Due to Chronic Myocarditis
Due to Gen Arterio sclerosis
Other conditions As
(Include pregnancy within 6 months of death)

8. AGE: Years Months Days If less than one day
82 2 7 hr. min.
9. Birthplace WARREN COUNTY MO.
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

Major findings: As
Of operations As
Of autopsy As
PHYSICIAN As
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business
12. Name HENRY YOUNG
13. Birthplace LINCOLN COUNTY MO.
(City, town, or county) (State or foreign country)
14. Maiden name MARY ELLEN HOWELL
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. Gertrude Schneider
(b) Address 1628 Gallaher - St. Charles, Mo.
17. (a) Burial (b) Date thereof 3-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Central Grove Cemetery Warren County, Mo.
18. (a) Signature of funeral director J. W. Nieburg & Co.
(b) Address Warrenton, Mo.
19. (a) 3-29-45 (b) Amot E. Paul
(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. P. Erick Schmitz (M. D. or other)
Address St. Charles Mo. Date signed 3/29/45

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

1840

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-11-45

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, John I. Heiberg,
....., Registered Apprentice No.
working under my personal supervision.

Signed John I. Heiberg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.