

FILED JUN 7 1945
319

Registration District No. _____

Primary Registration District No. 6079

Registrar's No. 31

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RURAL ST. LOUIS T.S.
(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 _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. St. Ann's Twp.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME KATIE C. STINSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20
year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

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 MARRIED

6. (b) Name of husband or wife ELMER STINSON 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased JUNE 15 1912
(Month) (Day) (Year)

Immediate cause of death DROWNING, ACCIDENTAL, IN ESTABLISHMENT CREEK

Due to _____

Due to _____

8. AGE: Years 32 Months 11 Days 10 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace RICHWOOD MO A
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name FELIX COURTOUSE

13. Birthplace RICHWOOD MO A
(City, town, or county) (State or foreign country)

14. Maiden name ANNIE MILLER

15. Birthplace SULLIVAN MO A
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Stinson

(b) Address Bloomdale MO

17. (a) REMOVAL (b) Date thereof 5-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RICHWOOD MO

18. (a) Signature of funeral director Geo. C. Baskin

(b) Address St. Ann's Twp. MO

19. (a) May 26 / 45 (b) T. W. Douglas
(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) ACCIDENT

(b) Date of occurrence MAY 20 1945

(c) Where did injury occur? ST. LOUIS MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
BACK WATER FROM MISSISSIPPI RIVER

While at work? NO (Specify type of place) (c) Means of injury _____

23. Signature Geo. C. Baskin (M.D. or other) _____
Address St. Ann's Twp. MO Date signed 5/26/45

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

RECEIVED

Sanitary Health Officer No. 4

Sanitary File Number 645-664

Date Filed 6-6-45

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lea C. Bosler

Licensed Embalmer No. 1985

P. O. Address Dr. Gummere Inc.

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.