

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41944

State File No.

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 111

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether)

In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid 4
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME JUNE F. ST. MARY

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1945 hour 2:39 minute 0 P.M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Jennie St Mary

6. (c) Age of husband or wife if alive 61 years

Birth date of deceased May - 2 - 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 1945 to Dec 3 1945
that I last saw him alive on Dec 2 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 7 Days 1 If less than one day
hr. min.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis cerebral

9. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

Due to

Other conditions.....
(Includes pregnancy within 3 months of death)

10. Usual occupation None

Major findings:
Of operations.....

MOTHER FATHER

11. Industry or business

12. Name Stephan St Mary

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

14. Maiden name Elizabeth Rand

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

Of autopsy 83w

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

16. (a) Informant Jennie June Baumgardner

(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof 12-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

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.....

18. (a) Signature of funeral director Edwards Underwood

(b) Address New Madrid, Mo.

19. (a) 12-21-45 (b) Helen Landrum
(Date received local registrar) (Registrar's signature)

23. Signature W. Allen (M. D. or other)

Address New Madrid Mo Date signed 12/4/45

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

72
4
0

RECEIVED

District Health Office No. 2,

District File Number 146-971

Date Filed 1-11-46

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 Leo Helgeson.....

Licensed Embalmer No. 3803.....

P. O. Address New Madrid, 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.