

FILED APR 30 1946

Registration District No. 311

Primary Registration District No. 1241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County WASHINGTON
(b) City or town MINERAL POINT RR. #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 WASHINGTON
(c) City or town MINERAL POINT RURAL
(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 JOSEPH EDREHAN SANSOUCIE

3. (b) If veteran, name war NO 3. (c) Social Security No. 89-28-0005

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife STELLA 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased MAY 27 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation MINING

11. Industry or business _____

MOTHER FATHER { 12. Name FELIX SANSOUCIE
13. Birthplace WASHINGTON CO MO
14. Maiden name MARTHA GOLDEN
15. Birthplace WASHINGTON CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant ANTHONY SANSOUCIE
(b) Address MINERAL POINT MO RR #1

17. (a) POTASSI (b) Date thereof MARCH 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW DI 991 NS

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi MO

19. (a) John 2044 Mrs G F Cheswell
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20
year 1946 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 11 1946 to Mar 20 1946
that I last saw him alive on Mar 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cephaloplexy Duration _____

Due to _____

Due to _____

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

Major findings: Of operations (30) 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?

(Specify type of place) (e) Means of injury _____

23. Signature Jo. L. Thurman (M. D. or other) _____
Address Potosi, Mo. Date signed 3-21-46

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

Officer No. 4
Certificate No. 446-202
Date Filed 4-29-46

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 *Mary M. Smith*
Licensed Embalmer No. *4394*
P. O. Address *Quincy 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.