S. No. 2
M—8-43
. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31248

FILED SEP 16 1946

Registration District No. 3/6 Primary Registration District No. 6074 Registrar's No. 275

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 500 W. Lincoln
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. 500 W. Lincoln
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME BURL H. DEBLOIS
3. (b) If veteran, name war .....
3. (c) Social Security No. 498-10-4128

4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorane DeBlois
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Feb. (Month) 26 (Day) 1902 (Year)

8. AGE: Years 44 Months 6 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Mine Lamotte Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Drill Operator
11. Industry or business .....
FATHER
12. Name Joe DeBlois
13. Birthplace Mine Lamotte Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Effie Bryant
15. Birthplace Mine Lamotte Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lorane DeBlois
(b) Address Desloge Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery
18. (a) Signature of funeral director Benham Funeral Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 9-6-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 14, 1946 to Sept 2 1946 that I last saw him alive on Sept 2 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac failure	5 days.
Due to Rheumatic heart disease	3-4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
While at work? ..... (e) Means of injury .....
23. Signature J. L. Foster (M. D. or other) MD
Address Desloge Mo Date signed 9-3-46

289 (Licensed Embalmer's Statement on Reverse Side)

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

30073

RECEIVED

District Health Officer No. 4

District File Number 946-257

Date Filed 9-9-46

JUL 21 1948

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 G. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.