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v. 5-17-39  
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32377

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 30 1948

Registration District No. 219

Primary Registration District No. 449

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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 170 (b) County Ste. Genevieve 95

(c) City or town Ste. Genevieve 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FELIX THOMURE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Sept year 1946 hour 2:00 minute 00 P.M.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth LEISER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 7 1863  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Arteriosclerosis

Due to Chronic Nephritis

Due to Chronic Myocarditis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 5 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Rice Barge Worker

Major findings: Of operations \_\_\_\_\_ Of autopsy 131B

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

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name Joseph Thomure

13. Birthplace Ste. Genevieve 170 0 (City, town, or county) (State or foreign country)

14. Maiden name GOURO

15. Birthplace Ste. Genevieve 170 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Schabel (b) Address Bellemeur Ave

17. (a) BURIAL (b) Date thereof Sept 23 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve 170

18. (a) Signature of funeral director Jerome J. Schauter (b) Address Ste. Genevieve Mo

19. (a) 9-24-46 (b) James M. Karl (Date received at 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 R. L. Lanning M.D. (M. D. or other) 9/21/46  
Address Ste. Genevieve Mo Date signed 9/21/46

**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 Jerome L. Seaton

Licensed Embalmer No. 3817

P. O. Address St. Genevieve, 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.**