

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

34591

FILED OCT 23 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 318

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street name & location)

(d) Length of stay: In hospital or institution 12 das.
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 94

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

(d) Street No. 19 Frisco St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT LAWSON KENEY

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24, year 1946 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 12, 1946 19. to Sept. 24, 1946 19. that I last saw him alive on Sept. 24, 1946 and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Pareppa Noce

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

7. Birth date of deceased September 2, 1879
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 1 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions Ischemic cerebral arteriosclerosis 2 yrs.
(Include pregnancy within 3 months of death)

9. Birthplace Jefferson County, Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Worked at Pittsburg Plate Glass Co.

Major findings:
Of operations _____

Of autopsy No autopsy. 93V

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

11. Industry or business _____

12. Name Charles Keney

13. Birthplace Jefferson County, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Anna Horn

15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

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 0

23. Signature Ether Rudloff (M. D. or other) _____
Address Farmington, Mo. Date signed 10/1/46

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Missouri

18. (a) Signature of funeral director Fink Funeral Home

(b) Address Festus, Missouri

19. (a) 10-14-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

289 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1046-2781
Date Filed 10-22-46

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 _____

Eleana Province

Licensed Embalmer No. 3403

P. O. Address. Testus No

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.