

Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 69

**1. PLACE OF DEATH:**

(a) County STE. GENEVIEVE  
(b) City or town RURAL STE. GENEVIEVE T.S.  
(c) Name of hospital or institution: J  
(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)

3. (a) PRINT FULL NAME GLENDA JOANNE CARRON

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

4. Sex FEMALE 5. Color of race White 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JUNE 24 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 4 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name JOHN CHEMUN CARRON

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

14. Maiden name MARIE KLASEK

15. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant ROBERT P. CARRON

(b) Address BLOOMSDALE MO

17. (a) BURIAL (b) Date thereof 10-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLOOMSDALE MO

18. (a) Signature of funeral director Rec. Bayler

(b) Address St. Genevieve MO

19. (a) Nov. 8-1946 (b) Theresa M. Carl  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town 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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCT day 26  
year 1946 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death BROKEN NECK - DUE TO AUTOMOBILE ACCIDENT ON HIGHWAY # 25 MO

Due to Collision with another automobile

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT 95

(b) Date of occurrence OCT 26 1946

(c) Where did injury occur? STE. GENEVIEVE, CO. MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
PUBLIC PLACE

While at work? NO (Specify type of place) (e) Means of injury 2

23. Signature Rec. Bayler (M.D. or other) 2

Address St. Genevieve Mo Date signed 11/7/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

38050

DEC 18 1946

NOV 27 1946

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**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..... *John Agoniski* .....

Licensed Embalmer No. *3398* .....

P. O. Address.....

**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.**