

FILED APR 17 1947

Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 22

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community LIFE
years, months or days

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 _____

3. (a) PRINT FULL NAME

PERLIS M. HEBERLIE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4
year 1947 hour 8 minute 15 M.
21. I hereby certify that I attended the deceased from MARCH 2
1947 to April 4 1947.
that I last saw him alive on April 3 1947.
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ELEANORA HERMAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OUT 22 1898
(Month) (Day) (Year)

Immediate cause of death CRAMPING of both legs.
Duration 1 week.

8. AGE: Years 58 Months 5 Days 12 If less than one day _____ hr. _____ min.

Due to Malaria 50/100's 27 yrs.
Due to _____

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

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

10. Usual occupation FARMER

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name JOHN L. HEBERLIE

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

14. Maiden name ALMYRA GRIFFORD

15. Birthplace RIVER AUX VASES MO D
(City, town, or county) (State or foreign country)

16. (a) Informant Catach D. Hehulic

(b) Address Mount Mo

17. (a) BURIAL (b) Date thereof 4/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COFFMAN, MO.

18. (a) Signature of funeral director Geo. C. Basher

(b) Address St. Genevieve Mo

19. (a) 4-10-47 (b) Perlis M. Karl
(Date received 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Arthur E. ... (M. D. or other) M.D.
Address 566 ... Date signed 4-5-47

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

15
6
0

RECEIVED

Health Officer No. 4
District File Number 447-538
Date Filed 4-16-47

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 Geo. C. Basher

Licensed Embalmer No. 1985

P. O. Address St. Louis, 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.