

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24978

FILED JUL 23 1947

Registration District No. 267

Primary Registration District No. 3049

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Demissot

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. /
(If rural, give location)

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

3. (a) PRINT FULL NAME Madalene Gwaltne

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 28
1947 to June 28 1947
that I last saw h. / alive on / 19/;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or 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 February 11, 1946
(Month) (Day) (Year)

Immediate cause of death cool cell Korsene poisoning

Due to /

Due to /

8. AGE: Years 1 Months 4 Days 21 hr. / min. /

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

10. Usual occupation Child

Other conditions (include pregnancy within 3 months of death) /

Major findings: Of operations /

Of autopsy /

MOTHER FATHER

11. Industry or business /

12. Name William M. Gwaltne

13. Birthplace Doniphan, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Angelina

15. Birthplace Lawrence County, Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant William Gwaltne

(b) Address 736 Eastern Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof 6-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dayti, Mo.

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

(b) Address Dayti, Mo. Box 424

19. (a) 7-15-47 (b) John Gorman
(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) 78 ✓

(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 W. Gwaltne (M. D. or other) /
Address Dayti, Mo. Date signed 7-7-47

Duration

Immediate

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7-47-221

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 H. German*

Licensed Embalmer No. *4355*

P. O. Address..... *Dayton, 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.

Registration District No. 267 Primary Registration District No. 3049

1. PLACE OF DEATH:
(a) County Pemisco
(b) City or town Hayti
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

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

3. (a) PRINT FULL NAME Madalene Swartz
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month July Day 12 Year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

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

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(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) Respirine poisoning
(b) Date of occurrence June 28, 1947
(c) Where did injury occur? Hayti, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Child accidentally struck coolaid
While at work? at home (Specify type of place) (e) Means of injury _____

23. Signature Hayti, Mo (M. D. or other) _____
Address _____ Date signed 7-29-47

SUPPLEMENTARY

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

MOTHER FATHER

S-24978