

S. No. 2
M-9-4-41
v. 5-17-39
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34848

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 162

Primary Registration District No. 5592

Registrar's No. 72

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL
(c) Name of hospital or institution:
NEAR PEVELY Mo
(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 Mo (b) County JEFFERSON 50
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR PEVELY Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HENRY CHRISTOPHER

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-09-0787

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

6. (b) Name of husband or wife EMMA 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased MAY 1, 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 4 Days 22 If less than one day hr. min.

9. Birthplace CADET - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation QUARRY WORKER

11. Industry or business LIME - Co

MOTHER FATHER

12. Name FERR POLETTE

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

14. Maiden name SARAH BOYER

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

16. (a) Informant MRS. HENRY CHRISTOPHER

(b) Address PEVELY Mo

17. (a) Burial (b) Date thereof: SEPT 25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COFF CEM. CADET Mo

18. (a) Signature of funeral director HELLIGTAG FUN HOME

(b) Address KIMMSWICK Mo

19. (a) Sept 25 1947 (b) Clara Bellville
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 23
year 1947 hour 8 minute A 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 Caused by Rock Falling from Ceiling of a Tunnel in quarry of the Willow Park
Due to Alfreda Park Mo

Due to.....

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

Major findings: 156 B
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 50

(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 Car

23. Signature T. B. Edwards (M. D. or other)

Address Cordes Hill Mo Date signed 9/23/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 17 1947

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 Arthur W. Heiligstein
Licensed Embalmer No. 3876

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.