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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1947
Registration District No. 160

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34858
State File No.

Primary Registration District No. 4250
Registrar's No. 79

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Pevely, Missouri
(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 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Pevely 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Elenora F. Romine
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virgil Romine
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased April 10, 1927 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	20	5	24	hr. min.

9. Birthplace Glen Park (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business own home
FATHER
12. Name John Greenlee 0
13. Birthplace Bonne Terre, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Beulah Austin
15. Birthplace Horine, Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant John Greenlee
(b) Address Pevely, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Pevely, Mo.
18. (a) Signature of funeral director Jeffrey R. Pollette
(b) Address Crystal City, Mo.
19. (a) Oct 7, 1947 (Date received local registrar) (b) Cleora Bellewell (Registrar's signature) 14 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1947 hour 5 minute 35 A.M.
21. I hereby certify that I attended the deceased from Oct 2 1947 to Oct 4 1947
that I last saw her alive on Oct 4 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute bronchiolitis	
Due to Pulmonary embolism	
Due to	
Other conditions Puerperium (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy 10 6	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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) 0
While at work? (e) Means of injury
23. Signature Bert Bolger (M. D. or other) M.D.
Address Festus, Mo. Date signed 10/8/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Gentry R. Pollitt

Licensed Embalmer No. 3481

P. O. Address Crystal City, Y

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.