

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43891

State File No. _____

FILED JAN 7 1948

Registration District No. 219

Primary Registration District No. 4469

Registrar's No. 69

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(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 LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE
(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 FRANK BAZILE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20
year 1947 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to DEC 20, 1947

4. Sex MALE race COLORED

5. Color or _____

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MATILDA RANDALL

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased FEB 12 1877
(Month) (Day) (Year)

that I last saw him alive on DEC 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal Disease

Duration 1 yr

8. AGE: Years Months Days If less than one day

70 8 8 hr. min.

Due to _____

Due to _____

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

9. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name JOHN BAZILE

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

14. Maiden name SARAH BANTZ

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

16. (a) Informant Matilda Bazile

(b) Address Ste. Genevieve Mo

17. (a) BURIAL (b) Date thereof DEC 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO

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? _____

18. (a) Signature of funeral director Heal B. Butler

(b) Address Ste. Genevieve Mo

19. (a) 12-24-47 (b) Deress M. Karl
(Data received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Arthur E. ... (M. D. or other) M.D.

Address 516. Gen. ... Date signed 12-22-47

RECEIVED

District Health Officer No. 4
District File Number 148-10
Date Filed 6-5-48

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. Genevieve 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.