

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44605**

FILED JAN 27 1948

Registration District No. **219**

Primary Registration District No. **6078**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County **STE. GENEVIEVE**  
(b) City or town **RURAL JACKSON T.S.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **UNKNOWN**  
years, months or days)

3. (a) PRINT FULL NAME **UNKNOWN MALE FOATER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **UNKNOWN**  
6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**ABOUT 40** hr. min.

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

10. Usual occupation **UNKNOWN**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **UNKNOWN**

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

14. Maiden name **UNKNOWN** (State or foreign country)

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

16. (a) Informant **Geo. C. Basler**

(b) Address **Ste. Genevieve Mo**

17. (a) **BURIAL** (b) Date thereof **1-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Geo. C. Basler**

(b) Address **Ste. Genevieve Mo**

19. (a) **1-10-48** (b) **Terese M. Karl**  
(Date received local registrar) (Registrar's signature)

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? **UNKNOWN** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **ABOUT OCT.** day \_\_\_\_\_  
year **1947** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **POSSIBLE ACCIDENTAL DROWNING IN THE MISSISSIPPI RIVER**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **POSSIBLE ACCIDENT**  
(b) Date of occurrence **UNKNOWN**  
(c) Where did injury occur? **UNKNOWN**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**MISSISSIPPI RIVER**  
(Specify type of place)  
While at work? **UNKNOWN** (e) Means of injury \_\_\_\_\_

23. Signature **Geo. C. Basler** (M.D. or other) **8**  
Address **Ste. Genevieve Mo** Date signed **1-7-48**

RECEIVED

Health Officer No. 4  
File Number 148-112  
Date Filed 1-26-48

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 <sup>not</sup>.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo. C. Barber.....

Licensed Embalmer No. 1985.....

P. O. Address Ste. Augustine 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.**