

FILED MAR 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7465

Registration District No. 219

Primary Registration District No. 4469

Registrar's No. 14

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 _____
years, months or days)

3. (a) PRINT FULL NAME Evelyn Sue Deramus

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 Single

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

7. Birth date of deceased May 10 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 9 hr. min.

9. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Lloyd W. Deramus

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

14. Maiden name Elsie Larose

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

16. (a) Informant Lloyd Deramus

(b) Address Ste. Genevieve, Missouri

17. (a) Burial (b) Date thereof Feb. 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Missouri

18. (a) Signature of funeral director Jerome H. Stanton

(b) Address Ste. Genevieve, Missouri

19. (a) 2-22-48 (b) Teresa 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 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 18 1948 to Feb 19 1948 that I last saw him alive on Feb 18 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Toxemia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed 2-20-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Health Officer No. 4

Author 348-298

3-2-48

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 James H. Stanton

Licensed Embalmer No. 3817

P. O. Address See Government Dir

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.