

S. No. 2
M-5-43
5-17-39
1-1-36671

FILED JUN 3 1948

State File No. _____

Registration District No. 229

Primary Registration District No. 5809

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 14 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles west of Mineola Mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Winifred Ginger

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month " 28 th day May
year 1948 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan - 5 -
1948 to May - 28 - 1948
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Henry Ginger 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec 9 th 1893
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia Duration 3 days

Due to Lympho-Sarcoma 1 yrs.

Due to _____

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

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

54	5	19	hr. min.
----	---	----	----------

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Swabrea

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

14. Maiden name Mamie Austerhoff

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

16. (a) Informant Henry Ginger

(b) Address Mineola Mo

17. (a) Burial (b) Date hereof June 1 st 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
St Louis Mo

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 6-30-48 (b) James O. Helm
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(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 6

23. Signature James O. Helm (M. D. or other) _____
Address New Florence Mo Date signed 6-30-48

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~~ on the 28 th day of May 1948

working under my personal supervision.

Registered Apprentice No. _____



Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.