

No. 2
M-5-43
5-17-39
X36671

FILED OCT 23 1948

State File No. _____

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 68

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Festus

(c) Name of hospital or institution: 715 N. Mill 1

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus 5

(If outside city or town limits, write "RURAL") 1

(d) Street No. 715 N. Mill 0

(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minerva Anne Courtois

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th

year 1948 hour 11 minute 30 A. M.

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

21. I hereby certify that I attended the deceased from Aug 12 1948 to Oct 7 1948

that I last saw hw alive on Oct 7, 1948

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or white

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

(b) Name of husband or wife Julian Courtois 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 26 1896

(Month) (Day) (Year)

Immediate cause of death Chronic Leukemia Duration years

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

57 3 12 hr. _____ min.

Due to _____

Due to _____

9. Birthplace Washington Mo.

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Peter Frederick Peitz, Jr.

13. Birthplace Unknown Germany

(City, town, or county) (State or foreign country)

14. Maiden name Minerva Hreket

15. Birthplace Franklin Co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Julian Courtois

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 10-11-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City 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? _____

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

18. (a) Signature of funeral director "Zink"

(b) Address Festus Mo.

23. Signature Carl Baer (M. D. or other) M.D.

Address Festus Mo. Date signed 10/14/48

19. (a) Oct 19 1948 (b) Deanna Bellville

(Date received local registrar) (Registrar's signature) 142

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

Date Filed
OCT 22 1948
DIPLOMA
No. 8

11/11/11

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.....

Ferd Lang, Jr

Registered Apprentice No. *245*

working under my personal supervision.

Signed *Elean Province*

Licensed Embalmer No. *3403*

P. O. Address *Festus 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.