S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35125
Registrar's No. 2225

Registration District No. 377
Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Sherman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Mo. Pacific Tracks 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Sherman
(If outside city or town limits, write "RURAL")
(d) Street No.: St. Paul Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charon Foree Heth
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: June (Month) 24 (Day) 1946 (Year)

8. AGE: Years 2 | Months 2 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Sherman, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
FATHER
12. Name: Flavious Heth
13. Birthplace: ? (City, town, or county) Louisiana (State or foreign country)
MOTHER
14. Maiden name: Mary Foree
15. Birthplace: Gent County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: August Foree
(b) Address: Sherman, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Cem. Pond Mo.
18. (a) Signature of funeral director: Schrader Funeral Home
(b) Address: Baldwin, Mo.
19. (a) 9-24-48 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22, year 1948 hour 5 minute 10 P. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: fractures of skull and multiple fractures of extremities when struck by passenger train. (Duration)
Due to:
Due to: 1 1/69-8
Other conditions (Include pregnancy within 3 months of death): 30
Major findings:
Of operations:
Of autopsy:

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): Accident 96
(b) Date of occurrence: September 22, 1948
(c) Where did injury occur? Jedburg, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad right-of-way (Specify type of place)
While at work? (e) Means of injury: Blunt impact
23. Signature: Arnold J. Willmann (M. D. or other) Coroner 3
Address: Clayton, Mo. Date signed: 9/24/48

(Licensed Embalmer's Statement on Reverse Side)

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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.