

FILED JAN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42132

State File No.

95

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>10 South Gabouristreet.</u>		d. STREET ADDRESS (If rural, give location) <u>10 South Gabouristreet</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>J.</u> c. (Last) <u>Effrein</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26 1948</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 10, 1868.</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Anton Samson</u>	13b. MOTHER'S MAIDEN NAME <u>Magdalena Roth</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph H. Effrein</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs/ Clara Hahn</u> ADDRESS <u>Ste. Genevieve</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>50</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung metastases from carcinoma of breast.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. <u>arterio hypertension, ch. valvular heart disease</u>		2. _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast - removal of breast.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1948</u>
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22. I hereby certify that I attended the deceased from Jan 28, 1948 to Dec 26, 1948, that I last saw the deceased alive on Dec 23, 1948, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Elphaded M. ...</u> (Degree or title) _____	23b. ADDRESS <u>St. Genevieve Mo.</u>	23c. DATE SIGNED <u>Dec 27-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 29, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 30-1948</u>	REGISTRAR'S SIGNATURE <u>Dep. Teresa M. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James N. ...</u> ADDRESS <u>St. Genevieve Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Health Officer No. 4
Number 149-48
Date 1-6-49

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James H. Stanton*
Licensed Embalmer No. *3817*

P. O. Address *St. Genevieve, 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.