

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13502

BIRTH NO. 310 REG. DIST. NO. 315 PRIMARY REG. DIST. NO. 3058 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY unknown St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE unknown b. COUNTY unknown	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN unknown St Charles, Mo. township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3		d. STREET ADDRESS (If rural, give location) unknown	

3. NAME OF DECEASED (Type or Print)	a. (First) Unknown	b. (Middle) Female	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) unknown
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown	8. DATE OF BIRTH unknown	9. AGE (In years) (Months) (Days) (Hours) (Minutes) apparent age between 5 yrs 60
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY unknown
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown if any
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME None	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7955
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) body being found in Missouri River about 1/2 mile North of St. Charles in badly decomposed state DUE TO (c) No witnesses II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) unknown	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that ~~Patricia M. ...~~ held inquest May 4, 1949 2:00 P.M. at ~~St. Charles, Missouri~~ unknown, 19, and that death occurred at ~~St. Charles, Missouri~~ unknown, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marie M. ...	23b. ADDRESS 800 N. 2nd St. Charles, Mo	23c. DATE SIGNED 5-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 4-1949	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. 5-5-49	REGISTRAR'S SIGNATURE Franice ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 800 N. 2nd St. Charles, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 10 1949

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 _____
Body in badly decomposed state--NO EMBALMING Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.