

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43646

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751 Registrar's No. #5

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>SANGAMON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - St. Michael</u>		c. LENGTH OF STAY (In this place) <u>one hour</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>one mile south of J intersection on highway 61</u>		d. STREET ADDRESS (If rural, give location) <u>2222 South Sixth</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SYLVAN</u> b. (Middle) <u>Woodward</u> c. (Last) <u>PRIMO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 31 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JULY 5, 1906</u>		9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dry cleaner</u>	
11. BIRTHPLACE (State or foreign country) <u>Bonne Terre, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	

13a. FATHER'S NAME <u>JOHN A. PRIMO</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE M. McCLAIN</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude PRIMO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd PRIMO</u> ADDRESS <u>5948 LALITE, St. Louis, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONERS JURY VERDICT: CAME TO HIS DEATH AS THE RESULT OF AN AUTOBIOBILE COLLISION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2</u> <u>2 1/2</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Michael Madison Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>DEC. 31, 1950 2:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile collision</u>	

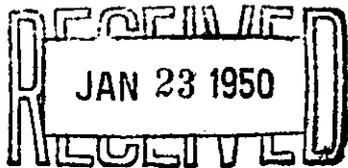
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sam Sajim Jr. Coroner, Madison Co. Mo.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>1-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Sajim Jr. Fredericktown, Mo.</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>1-17-51</u>		REGISTRAR'S SIGNATURE <u>Florence Hicks</u>		187	

No. 300
10.48

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

FRANKLIN COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 121-5

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown, 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.