

REC'D MAY 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15685
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Mo. Registration District No. 756
(b) Township Portage Desioux Primary Registration District No. 44874 Registered No. _____
(c) City Portage Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barbara Ann. Connoyer

(a) Residence, No. Portage Desioux Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16th/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage Desioux Mo.

FATHER 13. NAME Vincent Connoyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage Desioux Mo.

MOTHER 15. MAIDEN NAME Thelma Moellering

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Mo.

17. INFORMANT Vincent Connoyer (ADDRESS) Portage Desioux Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Cem. DATE April 19th/38

19. FUNERAL DIRECTOR J. B. Dalrymple & Sons Co. (ADDRESS) 800 N. 3rd St. St. Charles Mo.

20. FILED Apr. 20, 1938 C. A. Barnard (Address) Portage Desioux Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18th/38 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 18, 1938, 1938. I last saw her alive on April 18, 1938. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Acute Influenza
159'
Date of onset 4/10 1938
Other contributory causes of importance: congenital debility due to premature birth at 2 months

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. A. Barnard, M. D.
(Address) Portage Desioux Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John E. Dallmeyer, Licensed Embalmer No. 295I

hereby certify that the body recorded on the reverse side of this certificate was embalmed by No Embalming

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 295I

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.)