

REC'D JUN 24 1938

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

19825

Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
 (b) Township Bretas Primary Registration District No. 6179 Registered No. _____
 (c) City Potosi (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 Mary I. Dechel

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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 0
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo
 FATHER 13. NAME Glenn Dechel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meruval Pansit Mo
 MOTHER 15. MAIDEN NAME Shirley Harrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo
 17. INFORMANT (ADDRESS) Glenn Dechel Potosi Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE May 23 1938
 19. FUNERAL DIRECTOR (ADDRESS) Sparks Potosi Mo
 20. FILED June 1 1938 G. F. Bresswell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18 1938 to May 22 1938
 I last saw him alive on May 21 1938 Death is said to have occurred on the date stated above, at 8:00 m.
 The principal cause of death and related causes of importance were as follows:

Meningitis following Influenza
 Date of onset _____

Other contributory causes of importance: 11/2

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 19____
 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? no
 If so, specify _____
 (Signed) G. F. Bresswell, M. D.
808 (Address) Potosi Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)