

DEC 12 1939

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 42

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days) NOTIME AT ALL

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME IRMELE ALLISON SMITH
530

3. (b) If veteran, name war _____ 8. (c) Social Security No. 472-03-8955

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 26 1914
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 14 If less than one day hr. _____ min. _____

9. Birthplace FOREST SPRINGS CALI.
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

12. Name EDWARD A. SMITH

18. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name OLIVE FRENCH

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]

(b) Address 2531 Columbus Ave St. Joseph

17. (a) REMOVAL (b) Date thereof 11/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MINNEAPOLIS MINN

18. (a) Signature of funeral director [Signature]

(b) Address St. Genevieve Mo

19. (a) Nov 10 1939 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10
year 1939 hour 9 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
ACCIDENTAL DROWNING IN THE MISSISSIPPI RIVER
Due to (VERDICT OF JURY)

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence 11/10/39 STE. GENEVIEVE MO
(c) Where did injury occur? MISSISSIPPI RIVER MO.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? NO (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address St. Genevieve Mo Date signed 11/10/39

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.

AUG 1 1947

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.....

Geo. C. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. C. Basler.....

Licensed Embalmer No. 1985

P. O. Address St. Louis, 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, above space should be left blank.