

JAN 18 1940

Registration District No. 780

Primary Registration District No. 6025

Registrar's No. 2

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE MO

(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town RURAL
(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 EDNA FISCHER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN 4 day 4th
year 1940 hour _____ minute 11:45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE 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 OCT 1 1926
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>3</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death
1st 2nd - 3rd degree burn of the entire body

Due to clothing of fire from stove Duration 12-10-39

Due to _____

9. Birthplace STE. GENEVIEVE, MO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

Other conditions (include pregnancy within 3 months of death) 61

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name CHARLES FISCHER

13. Birthplace STE. GENEVIEVE CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name PHLOMENA FAITSCH

15. Birthplace RIVER AUX VASES MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Charles Fischer

(b) Address St. Genevieve Mo

17. (a) BURIAL (b) Date thereof JAN 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or exhumation RIVER AUX VASES MO

18. (a) Signature of funeral director Geo. C. Baily

(b) Address St. Genevieve Mo

19. (a) Jan 5/40 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence Dec 12 1939

(c) Where did injury occur? at home St. Genevieve Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. C. Baily Coroner (M. D. or other) 5

Address St. Genevieve Mo Date signed 1/5/40

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Leo C. Basler

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo C. Basler

Licensed Embalmer No.....

1985

P. O. Address.....

St. Lawrence 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.