

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 214

1. PLACE OF DEATH: Butler
 (a) County. Butler
 (b) City or town. Poplar Bluff, Missouri
 (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) 2
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community _____ years, months or days)

8. (a) PRINT FULL NAME Albert E. St. John 537
 8. (b) If veteran, name war No
 3. (c) Social Security No. 493-01-3966

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Georgia St. John 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Nov. 3 1887
 (Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 6 If less than one day
 hr. _____ min. _____

9. Birthplace Chadwick Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Production Manager 1

11. Industry or business Petosi Tie & Lunber Co. 1

MOTHER { 12. Name William St John
 13. Birthplace New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Tryphena Heppler
 15. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia St. John
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 11 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Trigish Undertaking Co
 (b) Address Poplar Bluff Mo

19. (a) 7-15-40 (b) Obstingner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limit, write "RURAL")
 (d) Street No. 400 Delmar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1940 hour 10 minute 0 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 _____

acute coronary occlusion

Due to _____

Due to _____

Other conditions 941a
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? GA

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

23. Signature George W. Green (M.D. or other) 5
 Address Poplar Bluff Mo Date signed 7/11-40

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

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, 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.