

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8050

MAR 19 1941

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town St. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 St. Genevieve
(c) City or town St. Genevieve 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME GERALD EDWARD MARLEN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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 Jan 8 1931
(Month) (Day) (Year)

8. AGE: Years 10 Months 1 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Thomas Mosher

13. Birthplace Anna Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Oliver Warren

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

16. (a) Informant's own signature Oliver M. Marlen

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof Feb 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo. L. Bagler

(b) Address St. Genevieve Mo

19. (a) Feb 14/41 (b) J. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Thursday year 1941 hour 2:25 minute AM M.

21. I hereby certify that I attended the deceased from Aug 1940 to February 13th 1941 1941; that I last saw him alive on February 12th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Erysipelas both lungs

Due to Pneumonia

Due to Genic Kera

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. J. Lane (M.D. or other) _____
Address 700 Market Street Date signed 2-10-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

109-1

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.....

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

Signed..... *Les C. Basler*.....

Licensed Embalmer No..... *1985*.....

P. O. Address..... *St. Lawrence M*.....

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.

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State File No. 8050
Registrar's No. _____

Registration District No. 780

Primary Registration District No. 4466

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

PLACE OF DEATH:
(a) County Ste. Genevieve
(b) City or town Ste. Genevieve
(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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gerald Edward Masler
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death: Tuberculosis Duration _____
both lungs

7. Birth date of deceased: (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
10 1 5 _____ hr. _____ min.

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

9. Birthplace: (City, town, or county) (State or foreign country)
10. Usual occupation _____

Major findings: Lobar Pneumonia
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____ (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature N. J. Pauer (M., D., or other) DC
Address 380 Market Street Date signed 5-17-41

SUPPLEMENT

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.