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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12153
Registrar's No. 21

FILED APR 20 1942

Registration District No. 180 Primary Registration District No. 4467

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town ST. MARY'S town
(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
years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve

(c) City or town St. Marys Mo 95
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BLANCHE M. ROZIER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1st year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 26, 1942 to March 31, 1942
that I last saw him alive on March 26, 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JULES P. ROZIER

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased JUNE 6 1868
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration Sudden

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>25</u>	hr. min.

Due to _____

Due to _____

Other conditions swere cold
(Include pregnancy within 3 months of death)

9. Birthplace ST MARY'S MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy Normal

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name LEON BOZAY

13. Birthplace ST MARY'S MO
(City, town, or county) (State or foreign country)

14. Maiden name SALLIE BURLETT

15. Birthplace ST MARY'S MO
(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? _____

16. (a) Informant Joseph Rozier

(b) Address St. Mary's Mo

17. (a) BURIAL (b) Date thereof APR 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Mo

18. (a) Signature of funeral director Lee L. Oaker

(b) Address St. Genevieve Mo

19. (a) Mar 31/42 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature J.A. Williams (M. D. or other) _____
Address St. Marys Mo Date signed 4/1/42

RECEIVED

District Health Officer No. 4
District File Number 442-470
Date Filed 4-14-42

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..... *Le. e. Bach*

Licensed Embalmer No..... 1985

P. O. Address *St. Genevieve 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, fact should be so stated above.