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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29981

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 yr 9 m 6 d (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 14

(c) City or town St Louis Mo 9
(If outside city or town limits, write "RURAL")

(d) Street No. Don't Know.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mari Emil Sirven

3. (b) If veteran, name war D.K.

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced D.K. 9

6. (b) Name of husband or wife D.K.

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

7. Birth date of deceased D.K. (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace D.K. (City, town, or county) 9 (State or foreign country)

10. Usual occupation D.K.

11. Industry or business D.K.

MOTHER FATHER
12. Name D.K.
13. Birthplace D.K. (City, town, or county) 9 (State or foreign country)

MOTHER FATHER
14. Maiden name D.K.
15. Birthplace D.K. (City, town, or county) 9 (State or foreign country)

16. (a) Informant None

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 4 42 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J. O. Roberts

(b) Address Columbia Mo

19. (a) 8-4-42 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1942 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7/10/42, 19__, to 8/1/42, 19__; that I last saw him alive on Aug 1st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Chronic Bronchitis

Due to ~~[illegible]~~

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George H. Reeves (M. D. ~~[illegible]~~) MD

Address Fulton Mo Date signed 8/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.