

FILED JUL 24 1944

Registration District No. **370**

Primary Registration District No. **3058**

Registrar's No. **103**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2107 North Fifth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles** **92**
(If outside city or town limits, write "RURAL")
(d) Street No. **2107 N. Fifth St.** **93**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Dora Anna Primeau**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Peter Primeau** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **February 22 1882**
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **St. Charles, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Hermann Becker**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Johanna Ludwig**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Peter Primeau**

(b) Address **2107 N. Fifth St. St. Charles, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 26 1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem. St. Charles**

18. (a) Signature of funeral director **H. C. Dellmeyer & Sons Co.**

(b) Address **801 N. Second St. St. Charles, Mo.**

19. (a) **6/25/1944** (Date received local registrar) (b) **Ernest G. Paul** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24** year **1944** hour **1** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **March 1944** **June 24 1944**, to _____, 19____, that I last saw her alive on **June 20 1944**, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma Gall Bladder with general metastases

Due to **metastases**

Due to **Hof**

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma Gall Bladder - inoperable**

Of autopsy **metastases**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Vernon A. Schumaker** (M. D. or other) **MD**

Address **St. Charles, Mo.** Date signed **6/25/44**

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

12
9
3

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 7-22-44.....

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 *John E. Dallinger*.....

Licensed Embalmer No. 2951.....

P. O. Address *St. Charles 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.