

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

2377

FILED FEB 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 5-3

Primary Registration District No. 3010

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town "
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
24 South Lamer
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 24 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 24 South Lamer
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Sebastian
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 25
 year 1945 hour 2 minute 07 A.M.
 21. I hereby certify that I attended the deceased from
Jan. 1, 1945, to Dec. 25, 1945
 that I last saw him alive on Dec. 24, 1945
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Jan 3 - 1863
 (Month) (Day) (Year)

Immediate cause of death arterio sclerosis Duration ?
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy ↑

8. AGE: Years 82 Months 11 Days 22 If less than one day
 hr. _____ min. _____
 9. Birthplace Appleton Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
 12. Name Herman Sebastian
 13. Birthplace St. Bernard, La
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Bartlesca
 15. Birthplace Bermain
 (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 Herman Sebastian
 (b) Address Cape Girardeau Mo
 17. (a) Burial (b) Date thereof 12-28-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director J. D. Howell
 (b) Address Cape Girardeau Mo
 19. (a) 1-8-1946 (b) C. C. Summers
 (Date received local registrar) (Registrar's signature)

23. Signature C. A. Schult (M. D. or other) 1/7/46
 Address Cape Girardeau Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100089

OFFICER No. 4
District File Number 246-1640
Date Filed 2-7-46

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Ch. Henderson Ho

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.