

FILED SEP 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. **28177**

Registration District No. **316**

Primary Registration District No. **6069**

Registrar's No. **257**

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Rural "Iron Twp."**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Charles**

(c) City or town **Rural**
(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 **CARLO WESTON**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **486-324290**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **17** year **1946** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him **alive** on _____ 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 **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 20 1930**
(Month) (Day) (Year)

Immediate cause of death **Accidental Drowning** Duration _____

8. AGE: Years **16** Months **3** Days **27** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Anthe Lassene**

(b) Address **Oakland, Mo**

17. (a) **Rural** (b) Date thereof **8/19/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary - St. Louis, Mo**

18. (a) Signature of funeral director **Optimum Funeral Home**

(b) Address **Oakland, Mo**

19. (a) **8-18-46** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) **accidental**

(b) Date of occurrence **Aug. 17, 1946**

(c) Where did injury occur **Rural, St. Francois, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place
Public place Iron Mt. Lake

While at work? **No** (e) Manner of injury **Drowning**

Signature **Bert J. Mullin** (M.D. or other) **carder**

Address **Farmington, Mo** Date signed **8/17/46**

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

Death Certificate Number No. 4
Lic. File Number 946-2574
Date Filed 9-9-46

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 Paul Whigal

Licensed Embalmer No. 4120

P. O. Address Farmington, Me

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.