

16779

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 181

1. PLACE OF DEATH:  
 (a) County CAPE GIRARDEAU  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: ST. FRANCIS - CAPE GIRARD  
 (d) Length of stay: In hospital or institution 7 DAYS  
 In this community LIFE

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County BOLLINGER  
 (c) City or town RURAL - Marble Hill  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME CONRAD - J - REJNIAK  
 3. (b) If veteran, name war CONRAD no  
 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced Inf  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Apr day 17 year 1947 hour 12.10 minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from 4-9 1947 to 4-17 1947  
 that I last saw him alive on 4-16 1947  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased JULY 3 1946  
 8. AGE: Years Months Days If less than one day  
9 13 hr. min.

Immediate cause of death: Congenital Valvular Disease  
ruptured heart  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name EDWARD - T - REJNIAK  
 13. Birthplace HATFIELD - MASS.  
 14. Maiden name FRANCIS - C - CONRAD  
 15. Birthplace DON COBAS  
 16. (a) Informant LUCILLE - SEABAUGH  
 (b) Address GRASSY MO  
 17. (a) BURIAL (b) Date thereof APRIL 19 1947  
 (c) Place: burial or cremation MARBLE HILL HOME  
 18. (a) Signature of funeral director KINDER - FUNERALS  
 (b) Address WUTESVILLE MO  
 19. (a) 6-4-1947 (b) G. G. Summers

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_  
 23. Signature Clas J. Herbert (M. D. or Other) \_\_\_\_\_  
 Address Cape Girardeau Mo Date signed 4/24/47

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

16  
4

MOTHER FATHER

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 647-793

Date Filed 6-10-47

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.**