No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 18 1948
Registration District No. 168

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5297
Primary Registration District No. 3230
Registrar's No. 6

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 56
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. 508 N Mill St 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene Paillet
3. (b) If veteran, name war
3. (c) Social Security No. 489-03-3744
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Schuerer
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased September (Month) 20 (Day) - 1874 (Year)

8. AGE: Years 73 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Crystal City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Store Room Clerk
11. Industry or business P. P. Glass Co.
FATHER
12. Name Eugene Paillet 5
13. Birthplace Alcase Loraine (City, town, or county) France (State or foreign country)
MOTHER
14. Maiden name Mary — 5
15. Birthplace France (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Eugene Paillet
(b) Address 508 N. Mill Festus Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Festus Catholic Cem
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) Jan 29 1948 (Date received local registrar) (b) Cleada Bellevill (Registrar's signature) 142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 27
year 1948 hour 12 minute 20 P.M.
21. I hereby certify that I ~~attended~~ held AN INQUEST the deceased from JAN. 27, 1948 to ——, 19..;
~~that I last saw h... alive on~~ ——, 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death GUNSHOT WOUND IN HEAD
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 164
Major findings:
Of operations
Of autopsy

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) SUICIDE
(b) Date of occurrence JANUARY 27, 1948
(c) Where did injury occur? FESTUS (City or town) JEFF. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? IN FRONT OF HIS HOME (Specify type of place)
While at work? (e) Means of injury 3
23. Signature H. Glenn Weber Acting Coroner
Address Hillsboro, Mo Date signed 1/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/11/48
SEP 17 1948

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 Donald H. Vinyard Registered Apprentice No. 71 working under my personal supervision.

Signed H H Vinyard

Licensed Embalmer No. 3010

P. O. Address Festus 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.