

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27451
Registrar's No. 262

FILED AUG 25 1948
Registration District No. 2746

Primary Registration District No. 6073

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural Perry Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1 Bonne Terre
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MARY EVA NEUBRAND
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 13
year 1948 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from 15 days, 1948 to Aug 13, 1948
that I last saw ✓ alive on Aug 10, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic myocarditis 1 1/2
Duration _____

4. Sex 71 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: June 23 1863
(Month) (Day) (Year)

Due to unknown
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 432
Of operations _____
Of autopsy _____

8. AGE: Years 85 Months 1 Days 20 If less than one day hr. 1 min. _____
9. Birthplace: Baden, Germany
(City, town, or county) (State or foreign country)
10. Usual occupation: Retired

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? _____

MOTHER FATHER
11. Industry or business _____
12. Name Christopher Stout
13. Birthplace Baden, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Althea Stangles
15. Birthplace Baden, Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Margaret Vargo
(b) Address R-1 Bonne Terre Mo
17. (a) Rural (b) Date thereof Aug 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery
18. (a) Signature of funeral director Burham Lind Co
(b) Address 313 Benton Bonne Terre Mo
19. (a) 8-17-48 (b) Ether Rubla
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature R. L. Evans (M. D. or other) _____
Address Bonne Terre Mo Date signed 8-12-48

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

1-47
-39
3906

RECEIVED

Health Officer No. 4
Number 848-1071
8-24-48

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 Clarence J. Claywell
Licensed Embalmer No. 3786
P. O. Address Boone Tenn 7

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.