. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37783

State File No.

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 351

4
2
1

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 hours (Specify whether
In this community 19 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110
(c) City or town Potosi 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Ramallah Palestine

3. (a) PRINT FULL NAME Charlie Ganim

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 22 (Day) 1900 (Year)

8. AGE: Years 48 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Ramallah (City, town, or county) Palestine 8 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General Merchandise

FATHER
12. Name Ganim Ganim 6
13. Birthplace Ramallah (City, town, or county) Palestine 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Salih 0
15. Birthplace Ramallah (City, town, or county) Palestine 0 (State or foreign country)

16. (a) Informant Sam Ganim
(b) Address Potosi Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo

18. (a) Signature of funeral director Bayer funeral home
(b) Address Potosi Mo

19. (a) 11-10-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 6, 1948 to Nov 9, 1948; that I last saw him alive on Nov 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to R. side brain

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8.30
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. F. Russell (M. D. Coroner) 11/9/48
Address Potosi Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 1148-1417

Date Filed 11-15-48

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.