

FEDERAL BUREAU OF INVESTIGATION
 NATIONAL OFFICE OF VITAL STATISTICS
FILED AUG 4 1948
 REGISTRATION DISTRICT NO. 3061

Registration District No. 3061

Primary Registration District No. 3061

State File No. 24012
 Registrar's No. 230

1. PLACE OF DEATH
 (a) County San Francisco
 (b) City or town Flat River, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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 Mo. (b) County St. Francois
 (c) City or town Flat River, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 505 Wash St. Flat River, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Fred Albert Cash
 3. (b) If veteran, name war no. 3. (c) Social Security No. 499-03-5340.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 15th year 1948 hour 10 minute 30 P.M.
 21. I hereby certify that I attended the deceased from July 15th 1948 to July 15 1948
 that I was alive on July 15 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White Cauc.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Edith Beal Cash
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased: July 20 1885
 (Month) (Day) (Year)

Immediate cause of death: Myocarditis
abrie stenosis
 Duration _____

8. AGE: Years 62 Months 11 Days 24
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Bonne Terre, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Coca Cola Bottling Co. Inspector

11. Industry or business _____

12. Name Mr. Albert Cash

13. Birthplace Bonne Terre, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Lena Rose

15. Birthplace Bonne Terre, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Cash (Wife)
 (b) Address 505 Wash St. Flat River, Mo.

17. (a) Burial (b) Date thereof July 17 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis in Park, Bonne Terre, Mo.

18. (a) Signature of funeral director Alvin W. Hood
 (b) Address 303 Crane St. Flat River, Mo.

19. (a) 7-28-48 (b) Esther Rindloff
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1
 23. Signature [Signature] (M. D. or other) _____
 Address Flat River, Mo. Date signed 7/19/48

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

RECEIVED

District Health Officer No. 4

State License Number 848

Date filed 8-2

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..... *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address..... *303 Crane St. Ft. R.*

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.