

3. No. 2  
M-2-43  
5-17-39  
K35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4162

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

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 137

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre R. 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Prison  
(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  
(If outside city or town limits, write "RURAL.")

(d) Street No. Route 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNIE HENRIETTA EDGAR

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1943 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased By Coroner Investigation on Dec 19 1943 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Granville Edgar alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept. 29 1857  
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 84 Months 2 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ste Genevieve Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Sebastian Pfister

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Weiss

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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 3

16. (a) Informant Jimmie Edgar

(b) Address R-1 Bonne Terre MO

17. (a) Cremial (b) Date thereof Dec 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richardson Cemetery

18. (a) Signature of funeral director Benjamin Fiedler

(b) Address 312 Benham Bonne Terre

19. (a) Jan 5, 1944 (b) Burdie Submester  
(Date received local registrar) (Registrar's signature)

23. Signature Charles Claywell Coroner (M.D. or other)

Address Bonne Terre MO Date signed 12/20/43

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 4  
District File Number 244-3308  
Date Filed 2-7-44

STATEMENT BY LICENSED EMBALMER

*No Embalming*

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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**