V. S. No. 2
100M—2-43
Rev. 5-17-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29231

Registration District No. 316 — Primary Registration District No. 3616-6075 — Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town St. Francois, No. Two (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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town St. Francois, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Monroe St. (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Mr. Vetal Peter Maurice

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May (Month) 15 (Day) 1862 (Year)

8. AGE: Years 81 | Months 3 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace River Aux Vases, Mo. (City, town, or county) / (State or foreign country)

10. Usual occupation retired-Carpenter

11. Industry or business .....

FATHER

12. Name Mr. Louis Maurice

13. Birthplace River Aux Vases, Mo. (City, town, or county) / (State or foreign country)

MOTHER

14. Maiden name Mary Langelier

15. Birthplace River Aux Vases, Mo. (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs. Myrtle Harris (Daughter)

(b) Address St. Francois, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Catholic Cemetery

18. (a) Signature of funeral director Alvin W. Hoff

(b) Address 303 Crane St. Ste. Genevieve, Mo.

19. (a) Aug 24-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

1191.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 18 day ..... year 1943 hour 3 minute PM M.

21. I hereby certify that I attended the deceased from ..... 19..... to 8/18/43 19..... ; that I last saw h. alive on 8/18/43 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular collapse — Duration .....

Due to old age .....

Due to ....

Other conditions (Include pregnancy within 3 months of death) 95c4

Major findings:
Of operations .....

Of autopsy .....

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? .....

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

23. Signature ..... M.D. or other)

Address ..... Date signed 8/20/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 943-2647

Date Filed 9-1-43

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 Flat River, Missouri

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.