

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 23 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24615

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 53

1. PLACE OF DEATH:

(a) County JEFFERSON County  
 (b) City or town HERCULANEUM Missouri  
(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 Missouri (b) County ST FRANCOIS  
 (c) City or town Bonne Terre Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FANNIE Elizabeth Easter

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Easter 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August 5 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 26 hr. min.

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

10. Usual occupation HOUSE KEEPER

11. Industry or business ✓

12. Name Joseph C. Hawkins

13. Birthplace MINERAL Point Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lida Anna Lewis

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

16. (a) Informant Vernon Easter

(b) Address 904 C. St Bonne Terre, Mo

17. (a) BORIAL (b) Date thereof 7-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Berham Ltd. Co.

(b) Address 319 Berham, Bonne Terre, Mo

19. (a) July 8 1947 (b) Clara Belleville  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1  
 year 1947 hour 6 minute AM

21. I hereby certify that I attended the deceased from 5/12 1947 to 7/1 1947  
 that I last saw her alive on 7/1 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary ~~arteriosclerosis~~ Thrombosis  
 Due to arteriosclerosis & hypertension  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations None  
 Of autopsy None

Duration 10 min  
  
2 yrs  
  
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 R. E. [unclear] (M. D. or other) MD  
 Address Herculaneum, Mo Date signed 7/5/47

Date Filed 7/22/47  
District File Number \_\_\_\_\_  
Clerk of Health Officer No. 9,

**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 Elean Provine

Licensed Embalmer No. 3403

P. O. Address Festus 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.**