

FILED JUN 24 1949

STANDARD CERTIFICATE OF DEATH

20701

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Perry Sup.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Perry Sup.</u> <u>94</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.2. Bonne Terre</u>		d. STREET ADDRESS (If rural give location) <u>P.2. Bonne Terre</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>STEGALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 16, 1895</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (His kind of work during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Mine La Motte Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>
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13a. FATHER'S NAME <u>Thomas Stegall</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Belle Victor</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Stegall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you do not write or date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Stegall</u>	ADDRESS <u>P.2. Bonne Terre Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis judged</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Feb 1949, to June 10 1949 that I last saw the deceased alive on June 1, 1949 and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold O. DeLoe M.D.</u>	23b. ADDRESS <u>DeLoe Mo</u>	23c. DATE SIGNED <u>6-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Germania</u>	24d. LOCATION (City, town, or county) (State) <u>P.2. Bonne Terre Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 15, 1949</u>	REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham Ind. Co</u>	ADDRESS <u>Bonne Terre Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
File Number 649-826
Date Filed 6-20-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Lawrence J. Caswell

Signed _____
Student Embalmer

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.