WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 13 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14959

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3841

City St. Louis, Mo. (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Mae Hercules

(a) Residence, No. 3454 Alberta St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
26	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assembling

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Co.

10. Date deceased last worked at this occupation (month and year) April 18, 1935

11. Total time (years) spent in this occupation 8 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Albert Hercules

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Fannie Worseck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs Fannie Hercules 3454 Alberta

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Peter & Paul DATE 4/29 1935

19. UNDERTAKER (ADDRESS) Biederwieden Funeral Home, Inc. St. Louis Avenue APR 27 1935

20. FILED ....., 19.... J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1935, to Apr 25, 1935

I last saw her alive on Apr 25, 1935. Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4/17/35

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lobar Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 2924 S. Grand Av.

[illegible]
[illegible] & Critt[illegible]
6-7.