

23 1938  
 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.

REC'D AUG 9 1938

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

26561  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 284  
 (b) Township Carondelet Primary Registration District No. 22 Registered No. 1239  
 (c) City Lemay (d) Street No. Broadway & Horn ave. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Mary Kercher 626  
 (a) Residence, No. 107 Waller ave. Lemay, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 6 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. Risch's Tavern  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud, Illinois  
 FATHER 13. NAME William Voges  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Catherina Wetzel  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT Charles Kercher (son)  
 (ADDRESS) 107 Waller ave. Lemay, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE ST. TRINITY CEM. DATE JULY 23, 1938  
 19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.  
 (ADDRESS) 7814 S. Broadway  
 20. FILED JUL 23 1938 G. K. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5.45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion Date of onset 1 day  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? medical history 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) John O. Conwell M. D.  
 Coroner of St. Louis County, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**