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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 187

1. PLACE OF DEATH:

(a) County St. Charles 2
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
603 N. Fourth St.
(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)

3. (a) PRINT FULL NAME Brother Mathias Kerty
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 16 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business Jesuit Order

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Father Sommerhauser

(b) Address 603 N. Fourth St. St. Charles

17. (a) Burial (b) Date thereof Dec. 20-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Stanislaus Lem. Steisant

18. (a) Signature of funeral director A.C. Hallmeier & Sons

(b) Address 800 N. Second, St. Charles, Mo

19. (a) 12/19/39 (b) Clarence B. Preiser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 603 N. Fourth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1939 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 14, 1939, to December 18, 1939; that I last saw him alive on December 17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 wks?

Due to Coronary arteriosclerosis 1 wks?

Due to _____
Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) (a) Means of injury 1

23. Signature George E. Kerty (M. D. or other) MD

Address St. Charles, Mo Date signed 2/19/39

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

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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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.