

Registration District No. 760 P

Primary Registration District No. 6001

Registrar's No. 122

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Cottleville
(c) Name of hospital or institution:
Cottleville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Frank Happeller

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 20 - 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 15 hr. _____ min.

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

10. Usual occupation Farmings Labor

11. Industry or business _____

12. Name John Happeller

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

14. Maiden name Pauline Uebel

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

16. (a) Informant Herman Happeller

(b) Address Cottleville, Mo.

17. (a) Burial (b) Date thereof Oct. 9 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery - Cottleville, Mo.

18. (a) Signature of funeral director H. B. Hallman & Sons

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

19. (a) Oct 10 / 40 (b) E. A. Keirley
(Date received local registrar's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5
year 1940 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 38, 1938, to Oct 5, 1940;
that I last saw him alive on Oct 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to Arteriosclerosis 5 yrs.

Due to _____
Other conditions 94 1/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? 682
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Nicholas J. Honch (M. D. or other)
Address O'Fallon, Mo. Date signed 10/10/40

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

MOTHER FATHER

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 *John E. Hallmeyer*.....

Licensed Embalmer No..... *2951*

P. O. Address *St Charles*.....

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.