

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6602

State File No.

Registration District No. 303

Primary Registration District No. 4182

Registrar's No.

1. PLACE OF DEATH:
 (a) County Gasconade
 (b) City or town Hermann *Mo*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gasconade
Hermann
 (c) City or town (East Hill)
 (If outside city or town limits, write "RURAL")
 (d) Street No. (East Hill)
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Mary Augustine Jacquin

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female *white* 6. (c) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased May 31 1863
(Month) (Day) (Year)

8. AGE:	Years <u>78</u>	Months <u>7</u>	Days <u>16</u>	If less than one day hr. <u>1</u> min.
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9. Birthplace Frenchville Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Pierre Jacquin

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

14. Maiden name Mary Huot

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

16. (a) Informant Gus. Jacquin

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. George's Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) 1-17-42 (b) Aimee Kiedorf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 15
 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 12 - 1942 to Jan 15 - 1942 that I last saw her alive on Jan 15 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
 Of autopsy

Duration
 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Edward J. ... (M. D. or other) X

Address Hermann Mo Date signed 1-16-42

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

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