

AUG 7 1943 306

Registration District No.

Primary Registration District No. 6048

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town O'Fallon (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Marys Institute 5
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town O'Fallon (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary Isabelle Kaercher

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

4. Sex female 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 (Day) (Year)

7. Birth date of deceased Feb 3 1855
 (Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Belle Prairie Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Teaching

11. Industry or business _____

MOTHER FATHER
 12. Name Ernest Kaercher
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Leanore Aydt
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Berchmans
 (b) Address O'Fallon Mo.

17. (a) Burial (b) Date thereof 7 16 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Convent Cemetery

18. (a) Signature of funeral director W.C. Dillman

(b) Address 201 N. Second St. Charles, Mo.

19. (a) July 19 43 (b) Ed Keithley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 13 1937 to July 13 1943
 that I last saw her alive on July 12 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 5 yr.

Due to _____
 Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration
 5 yr.
 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?

(Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature Nicholas J. Horuch (M.D. or _____)
 Address O'Fallon Mo. Date signed 7/16/43

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

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. Dallmeier
Licensed Embalmer No. 2751

P. O. Address St Charles Mo

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, fact should be so stated above.