

S. No. 2  
M-2.43  
-17-30  
X33827

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21821

State File No.

FILED JUN 22, 1944

Registration District No. 168

Primary Registration District No. 5092

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Herculaneum  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Washington Ave  
(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 Thomas Robert Higgins  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: June 22 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Lead works

MOTHER FATHER  
12. Name William Higgins  
13. Birthplace Unknown  
14. Maiden name Mary Ann Simon  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Naucke  
(b) Address Herculaneum Mo

17. (a) Burial (b) Date thereof 1-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Mo

18. (a) Signature of funeral director Frank Eumel Parke

(b) Address Festus Mo.

19. (a) 1-11-1944 (b) Matilly Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Herculaneum 50  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun 11 day, year 1944 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Dec 27 19\_\_\_\_ to Jun 11 1944  
that I last saw him alive on Jun 11 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Crown Thrombosis Duration 10 min  
Due to Endocarditis + Myocarditis 2 yrs  
Due to Myocarditis 2 yrs

Other conditions (include pregnancy within 3 months of death) 932

Major findings: Of operations None  
Of autopsy No  
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 Amuth Dany (M. D. or other) MD  
Address Herculaneum Mo Date signed 1/13/44

1359

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

5000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-21-44

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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..... Elean Province.....

Licensed Embalmer No. 3403.....

P. O. Address Festus 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.**