

FILED NOV 30 1944
 318

Primary Registration District No. 1003

Registrar's No. 9947

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3454 Alberta
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3454 Alberta
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Fannie Hercules
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 21
 year 1944 hour 11:45 minute a.m.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mr. Albert Hercules
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 5, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 6, 1944 to Nov. 20, 1944
(that I last saw her alive on November 20, 1944 and that death occurred on the date and hour stated above.)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Lympho-sarcoma, general. Duration 5-6-44

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

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

11. Industry or business _____
 12. Name Mr. Joseph Worseck
 13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
 14. Maiden name Mrs. Anna Hartman
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations Diagnostic resection conformed by laboratory, right inguinal gland.
Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Virginia Hercules
 (b) Address 3454 Alberta

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? _____

17. (a) Burial (b) Date thereof Nov. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old SS. Peter & Paul Cem.

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature John C. Couelle (M. D. or other) _____
 Address 500 S. A. Grover Date signed 11-21-44

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
 (b) Address 1936 St. Louis Avenue
 19. (a) NOV 23 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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

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 17
 9

Mr. John C. Connell
5005^a Grand
7-8

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. 3737

P. O. Address 1936 St. Louis

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.