

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 13 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **6879**

Registration District No. **310**

Primary Registration District No. **6051051**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town "Rural"
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Charles County Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Patrick Higgins

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

4. Sex Male 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

7. Birth date of deceased October 15, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business _____

MOTHER FATHER {
 12. Name Dan Higgins
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary McIntire
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lizzie Tullock (sister)

(b) Address 1905 Victor-St. Louis, Mo.

17. (a) burial (b) Date thereof Feb 23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles

18. (a) Signature of funeral director H. C. Wallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Feb 26/46 (b) Fannie Hammett
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
 year 1946 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 10th, 1946 to Feb 20th, 1946
 that I last saw him alive on Feb. 20th, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus
 Duration 3 days

Due to Chr. interstitial nephritis

Other conditions Gen. Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 318

Duration
 3 days
 10 yrs +
 10 yrs +
 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?

23. Signature G. Perich Schuch (Specify type of place) _____
(a) Means of injury
 Address St. Charles, Mo. Date signed 2/23/46

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3.12.46

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 _____

Philip A. Miceli

Registered Apprentice No. 388

working under my personal supervision.

Signed _____

John E. Gallmeyer

Licensed Embalmer No. 2951

P. O. Address _____

St Charles Ave

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.