

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

21218

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 104

FILED 448 12 1946
Registration District No. 478

Primary Registration District No. 3058

2
9
3
20037
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 day
Specify whether _____

In this community 48 years
years, months or days

3. (a) PRINT FULL NAME Sister Mary Alexia Hever

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

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

7. Birth date of deceased: June 26 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 - 1 hr. _____ min.

9. Birthplace: Florissant Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name Bernard Hever

13. Birthplace unknown - 9
(City, town, or county) (State or foreign country)

14. Maiden name E. Elizabeth Hever

15. Birthplace unknown - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Berchmans C.R.S.

(b) Address O'Fallon Missouri

17. (a) Burial (b) Date thereof July 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon Missouri

18. (a) Signature of funeral director H. L. Dellmeyer & Sons Co

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

19. (a) July 1-46 (b) Fannie Hamilton
(Date received local registrar) (Registrar's signature)

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. St. Mary's Institute
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1946 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from June 1938 to June 27 1946
that I last saw her alive on June 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration 2 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Atrial fibrillation

Major findings: Of operations _____

Of autopsy 938

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 0

23. Signature Nicholas J. Houch (M. D. certificate)
Address O'Fallon, Mo Date signed 6/29/46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Joseph I Landover
Licensed Embalmer No. 4189
P. O. Address St. Louis 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.