

S. No. 2  
M-12-45  
v. 5-17-39  
I X47070

FILED MAR 31 1947  
318  
Registration District No.

Primary Registration District No.

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

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:  
**Deaconess Hospital**  
(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 **Illinois** (b) County **Macoupin** 991  
(c) City or town **Staunton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **224 East Olive Street.,** NR?  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 2  
If yes, name country.....

3. (a) PRINT FULL NAME **Dhilo Richard Herschel**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **342-01-4042**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Tillie Herschel**  
6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **August 31 1892**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**54 6 20** hr. min.

9. Birthplace **Mt. Olive Illinois /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Miner**

11. Industry or business **Staunton Coal Mines**

12. Name **Unknown Herschel**

13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Hippler**

15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Tillie Herschel**

(b) Address **224 East Olive, Staunton,**

17. (a) **Removal** (b) Date thereof **3/24/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Staunton, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.,**

19. (a) **MAR 23 1947** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**  
year **1947** hour **3** minute **35 P** M

21. I hereby certify that I attended the deceased from **March 21, 1947** to **March 21, 1947**  
that I last saw him alive on **March 21, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Phon  
Duration

Due to.....  
Due to.....

Other conditions **Aggravated Melancholia**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
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 **A. H. Deppa** (M. D. or other) **0**  
Address **University of Illinois** Date signed **3/22/47**

12

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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..... *Ernest W. Gillard* .....  
Licensed Embalmer No..... *4080* .....  
P. O. Address.....

**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.**