

S. No. 2
—12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14725**
Registrar's No. **65**

Registration District No. **310** Primary Registration District No. **6051**

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
R. R. 2
(If not in hospital or institution, write street number or location)

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

In this community Life time
years, months or days

3. (a) PRINT FULL NAME Mary Theresa Hercules

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Hercules, deceased

6. (c) Age of husband or wife if _____ years

7. Birth date of deceased November 17, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name Henry Beckman

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

14. Maiden name Genevieve Gates

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

16. (a) Informant Maurice J. Hercules

(b) Address R.R. 2, St. Charles, Mo.

17. (a) burial (b) Date thereof Apr 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borromeo Cem

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

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

19. (a) 5/1/47 (b) Harris Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town "Rural" St. Charles Twsp
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 2
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1947 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 26, 1940, to April 26, 1947
that I last saw her alive on April 24, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death bronchovascular emphysema

Due to Coronary sclerosis

Due to _____

Other conditions Chronic Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration unknown

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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 4-28-47

JUN 5 1947

JAN 26 1948

RECEIVED
District Health Officer No. 9
District File Number 5-6-47
Date Filed

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. *429*
working under my personal supervision.

Signed *Joseph I. Landolt*
Licensed Embalmer No. *4189*
P. O. Address *St. Charles*

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.