

3. No. 2
-12-45
5-17-39
X47070

FILED JAN 14 1947
Registration District No. **2373**

Primary Registration District No. **3051**

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

1. PLACE OF DEATH:
 (a) County **Perry**
 (b) City or town **Perryville Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **71-7-16** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **August C. Mercier**
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Nelle Mercier** 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **April 29 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **16**
If less than one day hr. min.

9. Birthplace **St. Genevieve Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business _____

MOTHER FATHER

12. Name **August Mercier**
 13. Birthplace **France**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Mary Brantley**
 15. Birthplace **St. Genevieve Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie Mercier**
 (b) Address **Perryville Mo.**

17. (a) **Burial** (b) Date thereof **12-18-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **perryville Mo.**

18. (a) Signature of funeral director **Young & Sons**
 (b) Address **Perryville Mo.**

19. (a) **12-19-47** (b) **Joseph Zeb...**
(Date received local registrar) (Signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **15**
 year **1947** hour **9** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from **Apr. 15**
 19**47** to **Dec 15** 19**47**
 that I last saw him alive on **Dec 15** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Nemie Coma**
 Duration **1 day**

Due to **Nemia** **1 week**
 Due to **Chronic nephritis** **3 yrs**

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 137B

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 **O A Curran** (M. D. or other) _____
 Address **Perryville Mo** Date signed **12-19-47**

MAR 16 1948
JAN 15 1948

RECEIVED

Health Officer No. 4
File Number 148-6
Date Filed 1-13-4

AUG 24 1948

APR 25 1955

JAN 16 1948

AUG 26 1948

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 *Charles Young*
Licensed Embalmer No. *2138*
P. O. Address *Pennington*

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.