

No. 2  
12-45  
5-17-39  
X47079

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5898

FILED MAR 11 1948

Registration District No. 310

Primary Registration District No. 3058

State File No. \_\_\_\_\_

Registrar's No. 43

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Calhoun 994

(c) City or town Golden Eagle 11  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 6

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gustave Magercord

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 December 13 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16  
year 1948 hour 3:05 minute A. M.

21. I hereby certify that I attended the deceased from 2/15, 1948 to 2/16, 1948  
that I last saw him alive on 2/15 and that death occurred on the date and hour stated above

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

66	2	3	_____ hr. _____ min.
----	---	---	----------------------

Immediate cause of death Septicemia

Due to Infected toe 10 day

Due to Painig com 15 days

Other conditions none  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farm Laborer

11. Industry or business General Farm Work

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy 247

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name unknown 9

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

14. Maiden name unknown

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

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? \_\_\_\_\_

16. (a) Informant Richard Mederake

(b) Address Golden Eagle, Illinois

17. (a) Removal (b) Date thereof Feb 16-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerplain Cemetery Calhoun County, Ill.

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature B. L. Neuber (M. D. or other) 247  
Address St. Charles, Mo. Date signed 2/18/48

18. (a) Signature of funeral director H. A. Imming

(b) Address Brussels, Illinois

19. (a) 2/24/48 (b) Francis Hamula  
(Date received local registrar) (Registrar's signature) 284

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

3/10/48

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. Landner*

Licensed Embalmer No. *4189*

P. O. Address *St. Charles, 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.