

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10971
3079
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

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

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 54 Months 6 Days 20
If less than one day _____ 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

MOTHER FATHER {
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. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Macoupin
(c) City or town Staunton
(If outside city or town limits, write "RURAL")
(d) Street No. 224 East Olive Street.,
(If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

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 19 1947
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
Duration 7 hours

Due to _____
Due to _____
940

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) IP 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) _____
Address University of Illinois Date signed 3/22/47

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

18

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.