

Dr. Honick

JUN 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19616  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 760 B  
(b) Township Reider Primary Registration District No. 6001 Registered No. 79  
(c) City O'Fallon (d) Street No. Pious Blood Convent St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sister M. Frances 506

(a) Residence, No. Pious Blood Convent St. IL  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1868

7. AGE YEARS 71 MONTHS 2 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Reider, Baden - Germany (STATE OR COUNTRY)

13. NAME Jacob Schneider

14. BIRTHPLACE (CITY OR TOWN) Reider, Baden (STATE OR COUNTRY)

15. MAIDEN NAME Josephine Metzger

16. BIRTHPLACE (CITY OR TOWN) Reider, Baden (STATE OR COUNTRY)

17. INFORMANT Sister M. Innocentia (ADDRESS) O'Fallon, Mo.

18. BURIAL, CREMATION, OR REMOVAL O'Fallon, Mo. PLACE Convent Cemetery DATE May 24, 1939

19. FUNERAL DIRECTOR (NAME) H.C. Wall, 1112 S. Main St. (ADDRESS) St. Charles, Mo.

20. FILED June 12, 1939 E. A. Kethley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1939, to May 22, 1939

I last saw her alive on May 22, 1939. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis  
Cardiac decompensation  
Date of onset 1/1/39

Other contributory causes of importance: 121  
nephritis  
asthma

Name of operation none Date of no  
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury....., 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) Nicholas J. Honick, M. D.  
(Address) O'Fallon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No.....

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, above space should be left blank.**