

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42832

State File No.

Registration District No. 160 B

Primary Registration District No. 6001

Registrar's No. 157

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town O'Fallon ILL AN AMARIL TOWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Institute
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town O'Fallon
(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 Nov. day 28
year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from
July 17 to Nov. 28 1941;
that I last saw him alive on Nov. 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis
Due to.....
Due to.....

Duration

6 yrs.

Other conditions
(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) 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?

(Specify type of place) (Specify piece of injury)
While at work.....
23. Signature Nicholas Honch (M.D. or other)
Address O'Fallon, Mo Date signed 11/29/41

3. (a) PRINT FULL NAME Sister Mary Proba Beck

3. (b) If veteran, name war v 3. (c) Social Security No. ✓

4. Sex Female 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 Nov. 17 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months - Days 11 If less than one day hr. min.

9. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Thaddeus Beck

13. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

14. Maiden name Maltburgs Miller

15. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sisters of St. Mary's Institute

(b) Address O'Fallon, Mo

17. (a) Burial (b) Date thereof Dec. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Convent Cemetery

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

(b) Address 800 N. Second St. Charles, Mo

19. (a) Dec 3/41 (b) E. A. Muthley
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

John E. Dellmeyer

Licensed Embalmer No. *2951*

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.